

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000076860

1. Entity Name

RAYMOND & ROSA WILLIAMS CORPORATION



Principal Place of Business

**1020 BOB WHITE DR.
TALLAHASSEE FL 32305**

Mailing Address

**1020 BOB WHITE DR.
TALLAHASSEE FL 32305**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

GR2E034 (10/05)

City & State

City & State

4. FEI Number

59-3534596

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, RAYMOND
1020 BOB WHITE DR.
TALLAHASSEE FL 32305**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PTD WILLIAMS, RAYMOND**
STREET ADDRESS **1020 BOB WHITE DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32305**

TITLE ☐ Change ☐ Addition
NAME **1100000444588**
STREET ADDRESS **03/07/06-80008-020 150.00**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **TVD WILLIAMS, ROSA**
STREET ADDRESS **1020 BOB WHITE DR**
CITY-ST-ZIP **TALLAHASSEE FL 32305**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Raymond Williams Raymond Williams 2/21/06 850-656-2112