2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# P98000108219

Entity Name: S. WILLIAMS ASSOCIATES, INC.

Current Principal Place of Business:

10 KINGFISH AVE.
PONTE VEDRA BEACH, FL 320822025

New Principal Place of Business:

Current Mailing Address:

10 KINGFISH AVE.
PONTE VEDRA BEACH, FL 320822025

New Mailing Address:

FEI Number: 59-3549426 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, JO ANN A
10 KINGFISH AVE.
PONTE VEDRA BEACH, FL 320822025 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: WILLIAMS, JO ANN A
Address: 10 KINGFISH AVE
City-St-Zip: PONTE VEDRA BEACH, FL 320822025

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: WILLIAMS, JO ANN A
Address: 10 KINGFISH AVE
City-St-Zip: PONTE VEDRA BEACH, FL 320822025

Title: D ( ) Change (X) Addition
Name: BAIRD, JESSICA R
Address: 528 AQUATIC DRIVE
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: D ( ) Change (X) Addition
Name: FISHER, LINDSAY K
Address: 2915 BAYSHORE DRIVE E
City-St-Zip: ATLANTIC BEACH, FL 32233 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JO ANN A WILLIAMS PSTD 04/25/2006

Electronic Signature of Signing Officer or Director — Date