

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000026426 1. Entity Name WILLIAMS MANAGEMENT SERVICES CORPORATION	
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Principal Place of Business 1014 EMERALD CREEK DR. VALRICO, FL 33594	Mailing Address 1014 EMERALD CREEK DR. VALRICO, FL 33594
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DO NOT WRITE IN THIS SPACE



07082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3566442	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WILLIAMS, R. VERNON 1014 EMERALD CREEK DR. VALRICO, FL 33594	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature typed or printed name of registered agent and the / applicable (NOTE: Registered Agent signature required when transferring)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, R. VERNON 1014 EMERALD CREEK DR. VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, JOYCE P 1014 EMERALD CREEK DR. VALRICO, FL 33594
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *R. Vernon Williams* **7-7-04** **8136625100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Days to File #
R. VERNON WILLIAMS