



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90048 045 ***150.00

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|--|---|---|--|---|--|
| DOCUMENT # P99000026426 1. Entity Name WILLIAMS MANAGEMENT SERVICES CORPORATION | | | |  | |
| Principal Place of Business 1014 EMERALD CREEK DR. VALRICO, FL 33594 | | | Mailing Address 1014 EMERALD CREEK DR. VALRICO, FL 33594 | | |
| 2. Principal Place of Business 111 49th ST. Suite, Apt. #, etc. | | 3. Mailing Address 1450 Floral Rd Suite, Apt. #, etc. | |  | |
| City & State Holmes Beach FL | | City & State Rock Hill SC | | 4. FEI Number 59-3566442 | |
| Zip 34217 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WILLIAMS, R. VERNON 1014 EMERALD CREEK DR. VALRICO, FL 33594 | | | | 7. Name and Address of New Registered Agent Name Williams, R. Vernon Street Address (P.O. Box Number is Not Acceptable) 111 49th ST. City Holmes Beach FL Zip Code 34217 | |
| 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 <u><i>R. Vernon Williams</i></u> (R. VERNON WILLIAMS) 1-20-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILLIAMS, R. VERNON 1014 EMERALD CREEK DR. VALRICO, FL 33594 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILLIAMS, JOYCE P 1014 EMERALD CREEK DR. VALRICO, FL 33594 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D | <input type="checkbox"/> Delete | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>R. Vernon Williams</i></u> (R. VERNON WILLIAMS) 1-20-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date</small> | | |
| 803 327 4201 813 625 8442 | | | - Daytime Phone # | | |