2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000093868

Title:

Name:

Address: City-St-Zip:

Entity Name: WILLIAM & JOHNSON INC.

FILED Mar 04, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2057 S U S 1 FORT PIERCE, FL 34950 **Current Mailing Address: New Mailing Address:** 2057 S U S 1 FORT PIERCE, FL 34950 FEI Number: 65-0967241 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOLLAND, SANDY 2450 SUNRISE BOULEVARD FORT PIERCE, FL 34982 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition WILLIAM, NYDIA M Name: Name: 5407 STORK COURT Address: Address: City-St-Zip: TAMPA, FL 33625 City-St-Zip: Title: Title: () Delete () Change () Addition Name: JOHNSON, ALFONSO Name: 1127 FOREST HILL COVE Address: Address: PORT ST. LUCIE, FL 34986 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition JOHNSON, BERYL YVONNE Name: Name: 1127 SW FORESTHILL COVE. Address: Address: City-St-Zip: PORT SAINT LUCIE, FL 34986 City-St-Zip: Title: () Delete Title: () Change () Addition JOHNSON, TIFFANY A Name: Name: Address: 1127 SW FOESTHILL COVE Address: City-St-Zip: PORT SAINT LUCIE, FL 34986 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ALFONSO JOHNSON PRES 03/04/2008

(X) Delete

MCCANTS, MICHAEL T

4413 NW ALBION AVE

PT. ST. LUCIE, FL 34983

() Change () Addition