

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000093868

1. Entity Name  
WILLIAM & JOHNSON INC.



FILED

2008 APR 21 AM 7:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04142008 Chg-P CR2E034 (12/06)

4. FEI Number  
65-0967241

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

HOLLAND, SANDY  
2450 SUNRISE BOULEVARD  
FORT PIERCE, FL 34982

## 7. Name and Address of New Registered Agent

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

Amended AR is \$61.25

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 VP ☒ Delete  
NAME WILLIAM, NYDIA M  
STREET ADDRESS 5407 STORK COURT  
CITY-ST-ZIP TAMPA, FL 33625

TITLE VP ☒ Change ☒ Addition  
NAME GLEN WILLIAM  
STREET ADDRESS 11000 Oyster Bay Circle  
CITY-ST-ZIP New Port Richie FL 34654

TITLE P ☐ Delete  
NAME JOHNSON, ALFONSO  
STREET ADDRESS 1127 FOREST HILL COVE  
CITY-ST-ZIP PORT ST. LUCIE, FL 34986

TITLE ☐ Change ☐ Addition  
NAME 000128778330  
STREET ADDRESS 05/07/08--01042--002 \*\*\$1.25  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME JOHNSON, BERYL YVONNE  
STREET ADDRESS 1127 SW FORESTHILL COVE.  
CITY-ST-ZIP PORT SAINT LUCIE, FL 34986

TITLE ☐ Change ☒ Addition  
NAME TREASURER  
STREET ADDRESS GARY WILLIAM  
CITY-ST-ZIP 16925 Melissa Ann Drive

TITLE D ☐ Delete  
NAME JOHNSON, TIFFANY A  
STREET ADDRESS 1127 SW FOESTHILL COVE  
CITY-ST-ZIP PORT SAINT LUCIE, FL 34986

TITLE ☐ Change ☐ Addition  
NAME Lutz FL 33558  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/08