2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2009
Secretary of State

DOCUMENT# P99000093868

Entity Name: WILLIAM & JOHNSON INC.

Current Principal Place of Business:

2057 S U S 1
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

2057 S U S 1
FORT PIERCE, FL 34950

New Mailing Address:

FEI Number: 65-0967241 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLLAND, SANDY
2450 SUNRISE BOULEVARD
FORT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

JOHNSON, AL
2057 S US1
FT. PIERCE, FL 34950 US

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: AL JOHNSON 01/17/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: WILLIAM, GLEN
Address: 11000 OYSTER BAY CIRCLE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: P ( ) Delete
Name: JOHNSON, ALFONSO
Address: 1127 FOREST HILL COVE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: D (X) Delete
Name: JOHNSON, BERYL YVONNE
Address: 1127 SW FORESTHILL COVE.
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D (X) Delete
Name: JOHNSON, TIFFANY A
Address: 1127 SW FOESTHILL COVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: T ( ) Delete
Name: WILLIAM, GARY
Address: 16925 MELISSA ANN DRIVE
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRE (X) Change ( ) Addition
Name: JOHNSON, ALFONSO
Address: 1127 FOREST HILL COVE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: TRE (X) Change ( ) Addition
Name: JOHNSON, ALFONSO
Address: 1127 FOREST HILL COVE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change ( ) Addition
Name: JOHNSON, ALFONSO
Address: 1127 SW FORESTHILL COVE
City-St-Zip: PT. ST. LUCIE, FL 34986

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.

SIGNATURE: ALFONSO JOHNSON PRE 01/17/2009
Electronic Signature of Signing Officer or Director Date