


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90163 009 ***150.00

DOCUMENT # S09433 1. Entity Name WILLIAMS WATER TREATMENT, INC.	
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Principal Place of Business 1 EAST HALL STREET AVON PARK, FL 33825	Mailing Address 1 EAST HALL STREET AVON PARK, FL 33825
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DO NOT WRITE IN THIS SPACE

02182005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3039445	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILLIAMS, HENRY C. 1 EAST HALL STREET AVON PARK, FL 33825

**DO NOT WRITE
IN THIS SPACE**

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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, HENRY C. 1503 BERWYN AVE. AVON PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST WILLIAMS, IRENE R. 1503 BERWYN AVE. AVON PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WILLIAMS, WILLIAM C. 33 EAST PLEASANT ST AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 lines empowered.

SIGNATURE:  **WILLIAM C WILLIAMS** 3-4-05 863-453-627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40027992

509433

STREET NAME CHANGE

FROM

1 EAST HALL ST.

TO

1 LASSITER ST
