

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S58171

FILED
Jan 18, 2005
Secretary of State

Entity Name: WILLIAMS ENTERPRISES OF ST. CLOUD, INC.

Current Principal Place of Business:

4053 13TH STREET
ST. CLOUD, FL 347696772

New Principal Place of Business:

4423 13TH STREET
ST. CLOUD, FL 347696772

Current Mailing Address:

4053 13TH STREET
ST. CLOUD, FL 347696772

New Mailing Address:

4423 13TH STREET
ST. CLOUD, FL 347696772

FEI Number: 59-3072540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, KATHRYN S.
4053 13TH STREET
ST. CLOUD, FL 347696772 US

Name and Address of New Registered Agent:

WILLIAMS, KATHRYN S.
4423 13TH STREET
ST. CLOUD, FL 347696772 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: _____

Electronic Signature of Registered Agent

01/18/2005

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAMS, KATHRYN S.,
Address: 4053 13TH STREET
City-St-Zip: ST. CLOUD, FL 347696772

Title: D () Delete
Name: WILLIAMS, JOHN P.,
Address: 4053 13TH STREET
City-St-Zip: ST. CLOUD, FL 347696772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WILLIAMS, KATHRYN S.,
Address: 4423 13TH STREET
City-St-Zip: ST. CLOUD, FL 347696772

Title: D (X) Change () Addition
Name: WILLIAMS, JOHN P.,
Address: 4423 13TH STREET
City-St-Zip: ST. CLOUD, FL 347696772

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KATHRYN S WILLIAMS

Electronic Signature of Signing Officer or Director

PRES

01/18/2005

Date