

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S66453

FILED
Jan 22, 2004
Secretary of State

Entity Name: WILLIAMS & COMPANY CONSTRUCTION, INC.

Current Principal Place of Business:

1374 S.E. HUFFMAN RD.
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

1374 S.E. HUFFMAN RD.
PORT SAINT LUCIE, FL 34952 US

Current Mailing Address:

1152 MAIN ST.
SCHROON LAKE, NY 12870

New Mailing Address:

1152 MAIN STREET
SCHROON LAKE, NY 12870 US

FEI Number: 65-0271538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, GUY
13744 S.E. HUFFMAN RD.
PORT SAINT LUCIE, FL 34952 US

Name and Address of New Registered Agent:

WILLIAMS, GUY A
1550 SE CRAYRICH COURT
PORT SAINT LUCIE, FL 34952 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: GUY A. WILLIAMS

01/22/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WILLIAMS, GUY A.,
Address: 1541 SW FORTUNE ROAD
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: DVP () Delete
Name: WILLIAMS, DARLENE L.,
Address: 1541 SW FORTUNE ROAD
City-St-Zip: PORT SAINT LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WILLIAMS, GUY A.,
Address: 1152 MAIN STREET
City-St-Zip: SCHROON LAKE, NY 12870 US

Title: DVP (X) Change () Addition
Name: WILLIAMS, DARLENE L.,
Address: 1152 MAIN STREET
City-St-Zip: SCHROON LAKE, NY 12870

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: GUY A. WILLIAMS

DP

01/22/2004

Electronic Signature of Signing Officer or Director

Date