


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # V00145 1. Entity Name WILLIAMS & WILLIAMS ELECTRICAL CONTRACTING, INC.	
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Principal Place of Business
**19897 SR 71 N
BLOUNTSTOWN, FL 32424**

Mailing Address
**19897 SR 71 N
BLOUNTSTOWN, FL 32424**



03232006 No Chg-P CR2ED34 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3110398	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, THOMAS ARTHUR
19897 SR 71 N
BLOUNTSTOWN, FL 32424**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000480128

04/10/06-80031-011 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, THOMAS A. 19897 SR 71 N BLOUNTSTOWN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAMS, MARY ANN 19897 SR 71 N BLOUNTSTOWN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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

Original Phone #

Mary Ann Williams **Mary Ann Williams 3-2406 850-674-8758**