


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90084 001 ***150.00

DOCUMENT # P05000017241

1. Entity Name
JOE WILLETT, INC.




Principal Place of Business
**775 STONECREST DR
 SARASOTA, FL 34232**

Mailing Address
**775 STONECREST DR
 SARASOTA, FL 34232**

DO NOT WRITE IN THIS SPACE

4011111



01222007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2256213	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PLUM, LAURA A
 1800 SECOND ST STE 745
 SARASOTA, FL 34236**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**


9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WILLETT, JOE
STREET ADDRESS	775 STONECREST DR
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	V.P. Martha -
NAME	Morgan Willett
STREET ADDRESS	775 Stonecrest Dr
CITY-ST-ZIP	SARASOTA FL 34232
TITLE	V.P.
NAME	MADCLINE Willett
STREET ADDRESS	775 Stonecrest Dr
CITY-ST-ZIP	SARASOTA FL 34232
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:  **4-26-7**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #