2005 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 05, 2005 08:00 AM DOCUMENT # V28081 **Secretary of State** 1. Entity Name WILLARD'S AUTO SERVICE, INC. Principal Place of Business _ Mailing Address 380 N 1ST AVE 380 N 1ST AVE JACKSONVILLE BEACH, FL 32250 <u>Ja</u>cksonville Beach, FL 32250 01312005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3123938 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SIMPSON, KURT ANDREW DO NOT WRITE 3500 S THIRD ST OCEAN SOUTH IN THIS SPACE JACKSONVILLE BEACH, FL 32250 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 agont and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MICHAUD, WILLARD J III NAME 000000216697 02/05/05-80059-009 150.00 STREET ADDRESS 1519 LEEWARD LANE CITY-ST-ZIP NEPTUNE BEACH, FL 32266 TITLE NAME MICHAUD, CHERYL STREET ADDRESS 1519 LEEWARD LANE CITY-ST-ZIP NEPTUNE BEACH, FL TITLE PTD NAME MICHAUD, WILLARD J JR. STREET ADDRESS 1230 FORST OAKS DR. DO NOT WRITE CITY-ST-ZIP NEPTUNE BCH, FL 32266 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Flor, da 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: