


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90032 030 ***150.00

DOCUMENT # V28081
 1. Entity Name
WILLARD'S AUTO SERVICE, INC.



Principal Place of Business
**380 N 1ST AVE
 JACKSONVILLE BEACH, FL 32250**

Mailing Address
**380 N 1ST AVE
 JACKSONVILLE BEACH, FL 32250**

40900219



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01032006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number
59-3123938

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SIMPSON, KURT ANDREW 3500 S THIRD ST OCEAN SOUTH JACKSONVILLE BEACH, FL 32250		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 reinstating) 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**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: MICHAUD, WILLARD J III STREET ADDRESS: 1549 LEEWARD LANE CITY-ST-ZIP: NEPTUNE BEACH, FL 32266 <i>Address Change ONLY</i>	<input type="checkbox"/> Delete	TITLE: P NAME: MICHAUD, WILLARD J. III STREET ADDRESS: 1230 FOREST OAKS DR. CITY-ST-ZIP: NEPTUNE BEACH, FL 32266 <i>Address Change ONLY</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: MICHAUD, CHERYL STREET ADDRESS: 1549 LEEWARD LANE CITY-ST-ZIP: NEPTUNE BEACH, FL <i>Address Change ONLY</i>	<input type="checkbox"/> Delete	TITLE: VP NAME: MICHAUD, CHERYL STREET ADDRESS: 1230 FOREST OAKS DR. CITY-ST-ZIP: NEPTUNE BEACH, FL 32266 <i>Address Change ONLY</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PTD NAME: MICHAUD, WILLARD J JR. STREET ADDRESS: 1230 FORST OAKS DR. CITY-ST-ZIP: NEPTUNE BCH, FL 32266 <i>NO LONGER WITH COMPANY RE-TILED</i>	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Cheryl Michael Cheryl Michael 1/4/06 904-246-7764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #