


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # V28081</b> 1. Entity Name WILLARD'S AUTO SERVICE, INC.	
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Principal Place of Business 380 N 1ST AVE JACKSONVILLE BEACH, FL 32250	Mailing Address 380 N 1ST AVE JACKSONVILLE BEACH, FL 32250
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DO NOT WRITE IN THIS SPACE



01242008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3123938	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMPSON, KURT ANDREW  
3500 S THIRD ST  
OCEAN SOUTH  
JACKSONVILLE BEACH, FL 32250

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P MICHAUD, WILLARD J III 1230 FOREST OAKS DRIVE NEPTUNE BEACH, FL 32266
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP MICHAUD, CHERYL 1230 FOREST OAKS DRIVE NEPTUNE BEACH, FL 32266
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11000009E4016  
04/03/08-80114-008 158.75

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 Michaud VP Cheryl Michaud 3/17/08 904-246-7764  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #