2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 479577

FILED Jul 06, 2004 Secretary of State

Entity Name: INGE WILLIS ENTERPRISES, INC.

Current Principal Place of Business: New Principal Place of Business:

25720 W NEWBERRY RD NEWBERRY, FL 32669 US

Current Mailing Address: New Mailing Address:

P O BOX 533

NEWBERRY, FL 326697533 US

FEI Number: 59-1606165 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILLIS, MICHAEL I 25720 W. NEWBERRY RD. NEWBERRY, FL 32669 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: WILLIS, MICHAEL I P WILLIS, MICHAEL I P

 Address:
 P.O. BOX 533 NA
 Address:
 P.O. BOX 533 NA

 City-St-Zip:
 NEWBERRY, FL
 City-St-Zip:
 NEWBERRY, FL

 Name:
 WILLIS, CHAD,
 Name:
 WILLIS, CHAD VP

 Address:
 P.O. BOX 533 NA
 Address:
 P.O. BOX 533 NA

 City-St-Zip:
 NEWBERRY, FL
 City-St-Zip:
 NEWBERRY, FL

Title: S () Delete Title: S (X) Change () Addition

 Name:
 MAGUERITE, WILLIS,
 Name:
 WILLIS, MARGUERITE S

 Address:
 P.O. BOX 533 NA
 Address:
 P.O. BOX 533 NA

 City-St-Zip:
 NEWBERRY, FL 32669
 City-St-Zip:
 NEWBERRY, FL 32669

Title: T () Delete Title: T (X) Change () Addition

 Name:
 WILLIS, MARGUERITE,
 Name:
 WILLIS, MARGUERITE T

 Address:
 P.O. BOX 533 NA
 Address:
 P.O. BOX 533 NA

 City-St-Zip:
 NEWBERRY, FL
 City-St-Zip:
 NEWBERRY, FL

Title: AT () Delete Title: AT (X) Change () Addition

 Name:
 WILLIS, MIKE,
 Name:
 MIKE, WILLIS AT

 Address:
 P.O. BOX 533 NA
 Address:
 P.O. BOX 533 NA

 City-St-Zip:
 NEWBERRY, FL
 City-St-Zip:
 NEWBERRY, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL I. WILLIS P 07/06/2004