2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006
Secretary of State

DOCUMENT# 479577

Entity Name: INGE WILLIS ENTERPRISES, INC.

Current Principal Place of Business:

25720 W NEWBERRY RD
NEWBERRY, FL 32669 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 533
NEWBERRY, FL 326697533 US

New Mailing Address:

P O BOX 533
NEWBERRY, FL 32669 US

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WILLIS, MICHAEL I D
Address: P.O. BOX 533 NA
City-St-Zip: NEWBERRY, FL

Title: VP ( ) Delete
Name: WILLIS, CHAD VP
Address: P.O. BOX 533 NA
City-St-Zip: NEWBERRY, FL

Title: PSD ( ) Delete
Name: WILLIS, MARGUERITE PSD
Address: P.O. BOX 533 NA
City-St-Zip: NEWBERRY, FL 32669

Title: T ( ) Delete
Name: WILLIS, MARGUERITE T
Address: P.O. BOX 533 NA
City-St-Zip: NEWBERRY, FL

Title: AT (X) Delete
Name: MIKE, WILLIS AT
Address: P.O. BOX 533 NA
City-St-Zip: NEWBERRY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: WILLIS, MICHAEL I
Address: P.O. BOX 533
City-St-Zip: NEWBERRY, FL 32669

Title: VP (X) Change ( ) Addition
Name: WILLIS, CHAD
Address: P.O. BOX 533
City-St-Zip: NEWBERRY, FL 32669

Title: PSD (X) Change ( ) Addition
Name: WILLIS, MARGUERITE
Address: P.O. BOX 533
City-St-Zip: NEWBERRY, FL 32669

Title: T (X) Change ( ) Addition
Name: WILLIS, MARGUERITE
Address: P.O. BOX 533
City-St-Zip: NEWBERRY, FL 32669

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 WILLIS D 02/14/2006

Electronic Signature of Signing Officer or Director Date