


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90051 026 ***150.00

DOCUMENT # 685617 1. Entity Name WILLISA CORPORATION			
Principal Place of Business % WILLIAM HIRSHSON 468 RIVERSIDE DR ORMOND BEACH FL 32176 US		Mailing Address % WILLIAM HIRSHSON 468 RIVERSIDE DR ORMOND BEACH FL 32176 US	
2. Principal Place of Business 165 RIVERSIDE DR Suite, Apt. #, etc.		3. Mailing Address 165 RIVERSIDE DR Suite, Apt. #, etc.	
City & State ORMOND BEACH, FL Zip 32176 Country US		City & State ORMOND BEACH, FL Zip 32176 Country US	
4. FEI Number 59-2020164		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HIRSHSON, WILLIAM 468 RIVERSIDE DRIVE ORMOND BEACH FL 32176		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HIRSHSON, WILLIAM 468 RIVERSIDE DR. ORMOND BEACH FL 32176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **William R. Hirshson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/28/05** 386
 Daytime Phone #: **672-0003**