2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2005 8:00 am Secretary of State 04-27-2005 90351 018 ***150.00

DOCUMENT # F0400000274 1. Entity Name WILLIS SERVICE COMPANY, INCORPORATED						0 2 2 2 3	0531 010	130.		
Principal Place		Mailing Address	-							
351 W. LEE S CHICKASAW,		351 W. LEE ST. Chickasaw, al 36611								
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03292005	Chg-P	CR2E034			
City & State		City & State		4. FEI Number			Apı	plied For		
Zip Country		Zip	Zip Country .		63-0764 5. Certificate of			.75 Addi		
6. Name and Address of Current Reg		Registered Agent	stered Agent		7. Name and A	ddress of New R			<u>-</u>	
					Name					
WILLIS, ROBERT F 602 CAMELIA AVE., UNIT #C PANAMA CITY BEACH, FL 32407				Street Address (P.O. Box Number is Not Acceptable)						
CANAINA CITT BEACT, CE 32407 3										
				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										
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DI	ECTORS	SIN 11	
TITLE NAME	P WILLIS, ROBERT	☐ Delete	TITE				X	Change	Addition	
STREET ADDRESS	13015 LOT 1 CELESTE RD.			ET ADORESS						
CITY-ST-ZIP	CHUWCHULA, AL 36521		CITY	-ST-ZIP C	HUNCHULA, AL					
TITLE	S EDANOESI	☐ Delete	III		,		X	Change	☐ Addition	
NAME Street address	WILLIS, FRANCES L 13015 LOT 1 CELESTE RD.		NAM STRE	ET ADDRESS						
CITY-ST-ZIP				į į	HUNCHULA, AL					
TITLE		☐ Delete	mil					Change	Addition	
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CITY-ST-ZIP			4	-ST-ZIP					1	
TITLE		☐ Delete	TITL	E				Change	Addition	
NAME STREET ADORESS			NAM STRE	E Et address					ļ	
CITY-ST-ZIP				-ST-ZIP					İ	
TITLE		☐ Delete	TITU	E .		-		Change	Addition	
NAME STREET ADDRESS			NAM CTD	E ADDRESS					ŀ	
CITY-ST-ZIP				-ST-ZIP						
TITLE		☐ Delete	TITL	E				Change	☐ Addition	
NAME STREET ADDRESS			NAM	EFT ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
12. hereby	certify that the information supplied with	this filing does not qualify for	r the exe	mption stated	in Section 119.07(3)(i)	Florida Statutes.	I further certify	that the in	tormation	

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 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 altra nimetry with an address, with all other like empowered.

GNATURE: