
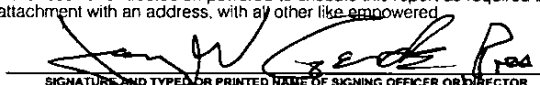


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90099 038 \*\*\*150.00

<b>DOCUMENT # F04377</b> 1. Entity Name <b>WILLOW ENTERPRISES, INC.</b>																																															
Principal Place of Business <b>315 E FOURTH ST</b> <b>PO BOX 2547</b> <b>PANAMA CITY, FL 32401 US</b>				Mailing Address <b>PO BOX 2547</b> <b>PANAMA CITY, FL 32402 US</b>																																											
2. Principal Place of Business <b>239 E 4th St.</b>		3. Mailing Address Suite, Apt. #, etc.																																													
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City & State <b>Panama City, FL</b>		City & State		4. FEI Number <b>59-2878164</b>																																											
Zip <b>32401</b>		Country <b>Bay</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																											
6. Name and Address of Current Registered Agent  <b>KOMAREK, PAUL G</b> <b>239 E 4TH ST</b> <b>PANAMA CITY, FL 32401</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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>																																															
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 55%; padding: 2px;"> <b>PD</b>  <b>KOMAREK, PAUL G</b>  <b>239 E. 4TH ST</b>  <b>PANAMA CITY, FL</b> </td> <td style="width: 10%; text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 55%; padding: 2px;"></td> <td style="width: 10%; text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 2px;"> <b>VD</b>  <b>GERDE, JERRY W</b>  <b>239 E 4 ST</b>  <b>PANAMA CITY, FL</b> </td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>KOMAREK, PAUL G</b> <b>239 E. 4TH ST</b> <b>PANAMA CITY, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD</b> <b>GERDE, JERRY W</b> <b>239 E 4 ST</b> <b>PANAMA CITY, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	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 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:  <b>1-20-06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																															