

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # G43339

1. Entity Name
WILLIS ENTERPRISES OF JACKSONVILLE, INC.



Principal Place of Business
**256 ARLINGTON RD N
JACKSONVILLE, FL 32211 US**

Mailing Address
**256 ARLINGTON RD
JACKSONVILLE, FL 32211 US**



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2300931

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WILLIS, KENNETH
256 ARLINGTON RD
JACKSONVILLE, FL 32211**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WILLIS, NORMAN L. 256 ARLINGTON RD N JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WILLIS, JOYCE 256 ARLINGTON RD N JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WILLIS, KENNETH 256 ARLINGTON RD N JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/26/05-80055-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Joyce Willis Sec-Treas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-05
Date

904-221-0174
Daytime Phone #