


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90026 037 ***150.00

DOCUMENT # G55394
 1. Entity Name
 WILLS STUCCO, INC.



Principal Place of Business: C/O JOHN W. RODGERS, 2078A APOPKA BLVD, APOPKA, FL 32703
 Mailing Address: C/O JOHN W. RODGERS, 2078A APOPKA BLVD, APOPKA, FL 32703

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01282008 Chg-P CR2E034 (12/06)

4. FEI Number: 59-2335790
 Applied For: Not Applicable

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



6. Name and Address of Current Registered Agent
 RODGERS, JOHN W.
 304 E COLONIAL DRIVE
 ORLANDO, FL 32801

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|--|
| TITLE: D NAME: WILLS, PAUL R. STREET ADDRESS: 6200 GILLIAM ROAD CITY-ST-ZIP: ORLANDO, FL | <input type="checkbox"/> Delete | TITLE: Director President DP NAME: Will, Paul R. STREET ADDRESS: 25319 Darnoch Ave CITY-ST-ZIP: Sorrento, FL 32776 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: DVP NAME: WILLS, RONALD G. STREET ADDRESS: 6200 GILLIAM ROAD CITY-ST-ZIP: ORLANDO, FL | <input checked="" type="checkbox"/> Delete <i>Deceased 07/</i> | TITLE: August 2007 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 empowers.

SIGNATURE: *Paul R. Wills* 1/28/07 4078894488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #