2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-07-2004 90043 020 ***150.00

DOCUMENT # H50494

1. Entity Name
WILLETT, INC.

Principal Place of Business	Mailing Address
2907 BAY TO BAY BLVD 101 TAMPA FL 33629 US	2907 BAY TO BAY BLVD 101 TAMPA FL 33629 US

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
100 W. Kennedy Blvd.	100 W. Kennedy Blvd.
Suite, Apt. #, etc.: Suite 650	Suite, Apt. #, etc.: Suite 650
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33602 Country: Hillsborough	Zip: 33602 Country: Hillsborough

4. FEI Number 59-2513602 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILLETT, THOMAS
2907 BAY TO BAY BLVD
STE 101
TAMPA FL 33629

7. Name and Address of New Registered Agent

Name: Thomas Willett
Street Address (P.O. Box Number is Not Acceptable): 100 W. Kennedy Blvd., Suite 650
City: Tampa, FL Zip Code: 33602

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] DATE 4/01/04
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, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WILLETT, THOMAS K.		NAME		
STREET ADDRESS	2907 BAY TO BAY BLVD # 101		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33629		CITY-ST-ZIP		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 4/20/2004 813 229-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #