

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K09299

Entity Name: ANNWIL INC.

FILED
Apr 23, 2008
Secretary of State

Current Principal Place of Business:

5204 ST PAUL ST
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

5204 ST PAUL ST
TAMPA, FL 33619

New Mailing Address:

FEI Number: 59-2869360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCINTOSH, ANDREW L
% PIPER RUDNICK LLP
101 EAST KENNEDY BLVD., STE 2000
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

EDWARD M. LIVINGSTON, P.A.
963 TRAIL TERRACE DRIVE
NAPLES, FL 34103 US

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.

SIGNATURE: EDWARD M. LIVINGSTON

04/23/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MEDLOCK, GENEVA W
Address: 5741 EAST RIVER ROAD
City-St-Zip: HERNANDO, FL 34442

Title: D () Delete
Name: CARROLL, ERIC W
Address: 3002 54TH STREET SOUTH
City-St-Zip: TAMPA, FL 33619

Title: D () Delete
Name: NATION, ROGER F
Address: P. O. BOX 2327
City-St-Zip: RIVERVIEW, FL 33568

Title: D () Delete
Name: NATION, LISA C
Address: PO BOX 2327
City-St-Zip: RIVERVIEW, FL 33568

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: MEDLOCK, GENEVA W
Address: 5741 EAST RIVER ROAD
City-St-Zip: HERNANDO, FL 34442

Title: TD (X) Change () Addition
Name: CARROLL, ERIC W
Address: 3002 54TH STREET SOUTH
City-St-Zip: TAMPA, FL 33619

Title: PD (X) Change () Addition
Name: NATION, ROGER F
Address: PO BOX 2327
City-St-Zip: RIVERVIEW, FL 33568

Title: SD (X) Change () Addition
Name: NATION, LISA C
Address: PO BOX 2327
City-St-Zip: RIVERVIEW, FL 33568

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA C. NATION

SD

04/23/2008

Electronic Signature of Signing Officer or Director

Date