2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2009
Secretary of State

DOCUMENT# K09299

Entity Name: ANNWIL INC.

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:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: NATION, LISA C
Address: 5117 TARI STREAM WAY
City-St-Zip: BRANDON, FL 33511

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 NATION P 05/07/2009

Electronic Signature of Signing Officer or Director Date