

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90088 011 \*\*\*150.00

**DOCUMENT # K32301**

1. Entity Name  
**WILLEY POOL SERVICE, INC.**



Principal Place of Business  
**16484 127TH DR N  
JUPITER, FL 33478 US**

Mailing Address  
**PO BOX 562077  
MIAMI, FL 33256-2077 US**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

04162006 Chg-P CR2E034 (11/05)

City & State  
Zip Country

4. FEI Number  
**65-0073211**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**WILLEY, MADELEINE F.  
16484 127TH DRIVE N  
JUPITER, FL 33478**

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 \_\_\_\_\_  
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, 2006 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                      | DP                   | <input type="checkbox"/> Delete | TITLE   |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | WILLEY, MADELEINE F. |                                 | NAME  |                         |  |
| STREET ADDRESS             | 16484 127TH DRIVE N  |                                 | STREET ADDRESS  |                         |  |
| CITY-ST-ZIP                | JUPITER, FL          |                                 | CITY-ST-ZIP   |                         |  |
| TITLE                      | DS                   | <input type="checkbox"/> Delete | TITLE   |                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WILLEY, JACK G       |                                 | NAME  |                         |  |
| STREET ADDRESS             | 9435 N CHELSEA DRIVE |                                 | STREET ADDRESS  | 454 NW 113 AVENUE       |  |
| CITY-ST-ZIP                | PLANTATION, FL 33324 |                                 | CITY-ST-ZIP   | CORAL SPRINGS, FL 33071 |  |
| TITLE                      | DV                   | <input type="checkbox"/> Delete | TITLE   |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | WILLEY, JACK R       |                                 | NAME  |                         |  |
| STREET ADDRESS             | 16484 127TH DR N     |                                 | STREET ADDRESS  |                         |  |
| CITY-ST-ZIP                | JUPITER, FL          |                                 | CITY-ST-ZIP   |                         |  |
| TITLE                      | TD                   | <input type="checkbox"/> Delete | TITLE   |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | WILLEY, THOMAS R     |                                 | NAME  |                         |  |
| STREET ADDRESS             | 16484 127TH DR N     |                                 | STREET ADDRESS  |                         |  |
| CITY-ST-ZIP                | JUPITER, FL 33478    |                                 | CITY-ST-ZIP   |                         |  |
| TITLE                      |                      | <input type="checkbox"/> Delete | TITLE   |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                      |                                 | NAME  |                         |  |
| STREET ADDRESS             |                      |                                 | STREET ADDRESS  |                         |  |
| CITY-ST-ZIP                |                      |                                 | CITY-ST-ZIP   |                         |  |
| TITLE                      |                      | <input type="checkbox"/> Delete | TITLE   |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                      |                                 | NAME  |                         |  |
| STREET ADDRESS             |                      |                                 | STREET ADDRESS  |                         |  |
| CITY-ST-ZIP                |                      |                                 | CITY-ST-ZIP   |                         |  |

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 empowered.

SIGNATURE: *Madeline F. Willey - Thomas R. Willey, Pres.* 4/15/06 561-308-7080  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #