


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # K76383</b><br>1. Entity Name<br><b>WILLISON WERKSTATT, INC.</b> |  |
|---|---|

|   |  |
|---|--|
| Principal Place of Business:<br><b>1390 N KILLAN DR<br/>STE D<br/>LAKE PARK FL 33403<br/>US</b> | Mailing Address<br><b>1390 N KILLAN DR<br/>STE D<br/>LAKE PARK FL 33403<br/>US</b> |
|---|--|



|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

1st MOORE CR2E034 (10/07)

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-0113732</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

|   |
|---|
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |
|---|

|   |  |
|---|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>WILLISON, C. PAUL<br/>312 LAKE CIRCLE #107<br/>N PALM BEACH FL 33408</b> | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |
|---|--|

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 (if applicable) (If OFF Registered Agent signature required when changing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

|  |
|--|
| 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|--|

| 10. OFFICERS AND DIRECTORS |   |
|----------------------------|---|
| TITLE                      | DP <input type="checkbox"/> Delete<br>NAME: WILLISON, C. PAUL<br>STREET ADDRESS: 312 LAKE CIRCLE #107<br>CITY-ST-ZIP: N PALM BEACH FL             |
| TITLE                      | DST <input type="checkbox"/> Delete<br>NAME: WILLISON, SHERYL L<br>STREET ADDRESS: 312 LAKE CIRCLE #107<br>CITY-ST-ZIP: NORTH PALM BEACH FL 33408 |
| TITLE                      | <input type="checkbox"/> Delete   |
| TITLE                      | <input type="checkbox"/> Delete   |
| TITLE                      | <input type="checkbox"/> Delete   |
| TITLE                      | <input type="checkbox"/> Delete   |
| TITLE                      | <input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME: U00000811350<br>STREET ADDRESS: 02/12/08-80003-010 150.00<br>CITY-ST-ZIP: |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: C. Paul Willison **C PAUL WILLISON** 1-29-08 568456595  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #