

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K92729

1. Entity Name
WI-CO, INC.



FILED
Jan 10, 2006 08:00 AM
Secretary of State

Principal Place of Business
C/O JOHN H. WILLIAMS JR.
660 NORTH CITRUS AVENUE
CRYSTAL RIVER, FL 34428 US

Mailing Address
C/O JOHN H. WILLIAMS JR.
PO. BOX 381
CRYSTAL RIVER, FL 34423 US



01072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2951407	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, JOHN H. JR.
660 NORTH CITRUS AVENUE
CRYSTAL RIVER, FL 34428

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

U00000381123
01/11/06-80039-022 150.00

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, JOHN H. JR. 660 NORTH CITRUS AVENUE CRYSTAL RIVER, FL 34428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAMS, DINAH 660 NORTH CITRUS AVENUE CRYSTAL RIVER, FL 34428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAMS, LOUIS J. 1101 ROLLING WOODS LANE LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILLIAMS, JOHN H. JR. 660 NORTH CITRUS AVENUE CRYSTAL RIVER, FL 34428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

John H. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/06
Date

352-746720
Daytime Phone #