

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # K92729

1. Entity Name
WI-CO, INC.



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



01112008 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 checked="" 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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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**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: *Dinah D. Williams* **DINAH D. WILLIAMS** 1/19/08 352-746-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #