

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

03-28-2006 90014 032 ****50.00

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|---|---|--|---|--|--|
| DOCUMENT # L05000079227 | | | | | |
| 1. Entity Name WILLS INK, LLC | | | | | |
| Principal Place of Business 4829 SOUNDSIDE DRIVE GULF BREEZE, FL 32563 | | | Mailing Address 4829 SOUNDSIDE DRIVE GULF BREEZE, FL 32563 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number Applied For <div style="text-align: center; font-size: 1.5em;">N/A</div> Not Applicable | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SMITH, ROMILDA A 4829 SOUNDSIDE DRIVE GULF BREEZE, FL 32563 | | | 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 _____ (NOTE: Registered Agent signature required when renaming) _____ DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM SMITH, ROMILDA A 4829 SOUNDSIDE DRIVE GULF BREEZE, FL 32563 <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | | |
| 10. ADDITIONS/CHANGES | | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE: <i>Romilda A Smith</i> 3-17-06 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # | | | | | |

Single member LLC (RS)



ATTACHMENT

30004400
#L05000079227

2006 TAX RETURN FILING INSTRUCTIONS

2006 UNIFORM BUSINESS REPORT

FOR THE YEAR ENDING

December 31, 2005

| | |
|---|---|
| Prepared for | Robert and Romilda Smith 4829 Soundside Drive Gulf Breeze, FL 32563 |
| Prepared by | O'Sullivan Creel, LLP 316 S. Baylen St. Suite 300 Pensacola, FL 32502 |
| Amount due or refund | Balance due \$50 |
| Make check payable to | Department of State |
| Mail tax return and check (if applicable) to | Division of Corporations P. O. Box 6198 Tallahassee, FL 32314-6198 |
| Return must be mailed on or before | May 1, 2006 |
| Special Instructions | The return should be signed and dated. Include your tax identification number on your check. |