2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M75663

1. Entity Name

WILLISTON SMALL ENGINE REPAIR, INC.



FILED Mar 14, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

SOUTH HWY 41

WILLISTON, FL 32696

19010 NE 30TH LANE WILLISTON, FL 32696

US



02052008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2880636

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORIES DONNIE M

19010 NE 30TH AVE WILLISTON, FL 32696 8. The above named entity submits this statement for the purpose of changing its register.			DO NOT WRITE IN THIS SPACE ad office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
the obligation SIGNATURE.	itions of registered agent.				
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered Agent signi	atura 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	000000858206 04/01/08-80036-006 150.00	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NOBLES, RONNIE W. 17550 NE STATE RD 121 WILLISTON, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NOBLES, CHARLENE 17550 NE STATE RD 121 WILLISTON, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME			• ,		

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I turther 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:

STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF BIGNING OFFICER OR DIRECTOR