

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90026 001 ***150.00

DOCUMENT # P00000040093

1. Entity Name

WILLOWOOD DESIGNS, INC.



Principal Place of Business

1728 TRADE CENTER WAY
NAPLES FL 34109

Mailing Address

1728 TRADE CENTER WAY
NAPLES FL 34109

2. Principal Place of Business

5201 TAMIAH TRAIL, N.

Suite, Apt. #, etc.

Suite 1

3. Mailing Address

5201 TAMIAH TRAIL, N.

Suite, Apt. #, etc.

Suite 1

City & State

NAPLES, FLORIDA

City & State

NAPLES, FLORIDA

Zip

34103

Country

U.S.A

Zip

34103

Country

U.S.A

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3640613

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE REGISTERED AGENT, LLC
801 ANCHOR RODE DR., STE. 203
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name Corporate Registered Agent, LLC

Street Address (P.O. Box Number is Not Acceptable)

5147 CASTELLO DRIVE

City

NAPLES

FL

Zip Code

34103

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 file if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME PTD
STREET ADDRESS STRANGEWAY, ROBERT
CITY-ST-ZIP 1728 TRADE CENTER WAY
NAPLES FL 34109

TITLE ☐ Delete
NAME SD
STREET ADDRESS STRANGEWAY, SUSAN
CITY-ST-ZIP 1728 TRADE CENTER WAY
NAPLES FL 34109

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME PTD
STREET ADDRESS STRANGEWAY, ROBERT
CITY-ST-ZIP 5201 TAMIAH TRAIL, N. STE 1
NAPLES, FL 34103

TITLE ☒ Change ☐ Addition
NAME SD
STREET ADDRESS STRANGEWAY, SUSAN
CITY-ST-ZIP 5201 TAMIAH TRAIL, N. STE 1
NAPLES, FL 34103

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

S. Strangeway
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/29/06

Date

(239) 649-5880

Daytime Phone #