FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91838 039 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000092108

1. Entity Name
WILLCO ELECTRIC INC.

Principal Place of Business	Mailing Address
7686 NW 25TH ST. MARGATE, FL 33063	7686 NW 25TH ST. MARGATE, FL 33063

2. Principal Place of Business	3. Mailing Address
10598 SW 56 AVE	10598 SW 56 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OCALA FL	City & State: OCALA FL
Zip: 34476 Country: USA	Zip: 34476 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1050166 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HENRY, DARUE W
7686 NW 25TH ST.
MARGATE, FL 33063

7. Name and Address of New Registered Agent
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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD ☐ Delete	TITLE	VICE PRESIDENT ☐ Change ☒ Addition
NAME	HENRY, DARUE	NAME	SEAN KELLERHER
STREET ADDRESS	7686 NW 25TH ST.	STREET ADDRESS	10599 SW 56 AVE
CITY-ST-ZIP	MARGATE, FL 33063	CITY-ST-ZIP	OCALA FL 34476
TITLE	VSD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HENRY, CARLENE	NAME	
STREET ADDRESS	7686 NW 25TH ST.	STREET ADDRESS	
CITY-ST-ZIP	MARGATE, FL 33063	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X Darue Henry DARUE HENRY 4-23-03 352-291-0909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #