

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000004011

Entity Name: PAT WILLSON HOMES, INC.

FILED
Apr 10, 2006
Secretary of State

Current Principal Place of Business:

1537 CUTHILL WAY
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

PO BOX 897
WINTER PARK, FL 327900897

New Mailing Address:

1312 ANTRIM CIRCLE
ORMOND BEACH, FL 32174

FEI Number: 59-3727254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLSON, PATRICIA N
1537 CUTHILL WAY
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

WILLSON, PATRICIA N
1312 ANTRIM CIRCLE
ORMOND BEACH, FL 32174 US

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.

SIGNATURE:

04/10/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLSON, PATRICIA
Address: 1537 CUTHILL WAY
City-St-Zip: CASSELBERRY, FL 32707

Title: V () Delete
Name: WILLSON, MANNING E
Address: 1537 CUTHILL WAY
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA WILLSON

P

04/10/2006

Electronic Signature of Signing Officer or Director

Date