

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2005 8:00 am**  
**Secretary of State**

01-12-2005 90011 014 \*\*\*150.00

<b>DOCUMENT # P01000097040</b> 1. Entity Name <b>WILLY WONKA INCORPORATED</b>																																
Principal Place of Business <b>4141 BAYSHORE BLVD 2101 TAMPA, FL 33611</b>			Mailing Address <b>4141 BAYSHORE BLVD 2101 TAMPA, FL 33611</b>																													
2. Principal Place of Business <b>1506 GULF BLVD</b> Suite, Apt. #, etc. <b>6</b>		3. Mailing Address <b>1506 GULF BLVD. #6</b> Suite, Apt. #, etc. <b>6</b>																														
City & State <b>INDIAN ROCKS FL</b> Zip <b>33785</b>		City & State <b>INDIAN ROCKS FL</b> Zip <b>33785</b>		Country <b>PINELLAS</b>																												
Country <b>PINELLAS</b>		4. FEI Number <b>65-1144818</b>																														
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable																												
6. Name and Address of Current Registered Agent <b>WILLS, ANDY 4141-BAYSHORE BLVD- 2101 TAMPA, FL 33611</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																													
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 <u><i>Andy Wills</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1-6-05</u>																																
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 30%;">PS <i>address change</i></td> <td style="width: 40%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>WILLS, ANDY</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>4141 BAYSHORE BLVD #2101</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>TAMPA, FL 33611</b></td> <td></td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <i>1506 GULF BLVD. #6 INDIAN ROCKS, FL 33785</i> </td> </tr> </table>			TITLE	PS <i>address change</i>	<input type="checkbox"/> Delete	NAME	<b>WILLS, ANDY</b>		STREET ADDRESS	<b>4141 BAYSHORE BLVD #2101</b>		CITY-ST-ZIP	<b>TAMPA, FL 33611</b>		<i>1506 GULF BLVD. #6 INDIAN ROCKS, FL 33785</i>			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 30%;"></td> <td style="width: 40%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #