2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P01000097040 1. Entity Name 01-12-2005 90011 014 ***150.00 WILLY WONKA INCORPORATED Principal Place of Business Mailing Address 4141 BAYSHORE BLVD 4141 BAYSHORE BLVD 2101 2101 TAMPA, FL 33611 **TAMPA, FL 33611** 3. Mailing Address 1506 2. Principal Place of Business 506 GULF Suite, Apt. #, etc. Suite, Apt. #, etc. 01072005 CR2E034 (10/03) Chg-P City & State 4. FFI Number Applied For City & State 65-1144818 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WILLS, ANDY Street Address (P.O. Box Number is Not Acceptable) 4141-BAYSHORE-BLVD-2101 TAMPA, FL 33611 City Zip Code 8. The above named epitin 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 agen SIGNATURE. Signature, typed or pr (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. address Clarge TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WILLS, ANDY NAME 1506 GULFBLVD, #G 4141 BAYSHORE BLVD #2101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP IAMPA, FL 33614-CITY-ST-ZIP TITLE 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 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-7IP 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 eath; that I am an officer or director of the corporation or the received by 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. changed, or on an attachment with an address, with all other SIGNATURE: ING OFFICER OR DIRECTOR

FILED

Jan 12, 2005 8:00 am