
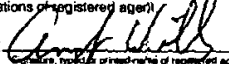
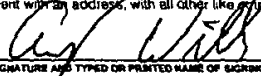


FILED
Feb 13, 2006 8:00 am
Secretary of State

01-17-2006 90245 023 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000097040		
1. Entity Name WILLY WONKA INCORPORATED		
Principal Place of Business 1506 GULF BLVD 6 INDIAN ROCKS, FL 33785		Mailing Address 1506 GULF BLVD 6 INDIAN ROCKS, FL 33785
2. Principal Place of Business 7700 US 19 N Suite, Apt. #, etc. 2		3. Mailing Address 275 BAYSHORE BLVD Suite, Apt. #, etc. 1501
City & State PINELLAS PARK FL		City & State TAMPA FL
Zip 33781 Country UNITED STATES		Zip 33606 Country UNITED STATES
6. Name and Address of Current Registered Agent WILLS, ANDY 4141 BAYSHORE BLVD 2101 TAMPA, FL 33611		7. Name and Address of New Registered Agent Name ANDY WILLS Street Address (P.O. Box Number is Not Acceptable) 275 BAYSHORE BLVD 1501 TAMPA FL 33606
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State or Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 1-11-06 <small>(NOTE: Registered Agent signature required when renewing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP PS WILLS, ANDY 1506 GULF BLVD # 6 INDIAN ROCKS, FL 33785		TITLE NAME STREET ADDRESS CITY-ST-ZIP PS WILLS, ANDY 275 BAYSHORE BLVD TAMPA FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 information.		
SIGNATURE: 		DATE 1-11-06 812-591-2044



FLORIDA DEPARTMENT OF STATE
Division of Corporations

ATTACHMENT
ATTACHMENT

66001303

January 24, 2006

WILLY WONKA INCORPORATED
POB 175
WESTPORT, IN 47283

Subject: **WILLY WONKA INCORPORATED**

Reference Number: **P01000097040**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The registered agent must have a **Florida** street address.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION