

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000121537

1. Entity Name
WILLMUR CORPORATION



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 FEB 22 PM 12:01

Principal Place of Business
**6114 GALLEON WAY
TAMPA, FL 33615**

Mailing Address
**6114 GALLEON WAY
TAMPA, FL 33615**



02052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0575106

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MURRAY, WILLIAM J
6114 GALLEON WAY
TAMPA, FL 33615**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MURRAY, WILLIAM J
STREET ADDRESS	6114 GALLEON WAY
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	V
NAME	MURRAY, LOUISE G
STREET ADDRESS	6114 GALLEON WAY
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	S
NAME	MURRAY, JASON W
STREET ADDRESS	6114 GALLEON WAY
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	T
NAME	MURRAY, JUSTIN M
STREET ADDRESS	6114 GALLEON WAY
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	D
NAME	LUCY, WRIGHT
STREET ADDRESS	6114 GALLEON WAY
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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 empowered.

SIGNATURE: William J Murray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/13/08 8138397383
Date Daytime Phone #