## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000015386

Entity Name: WILLIS CARPENTRY, INC.

FILED Aug 31, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1224 E HANCOCK DR 1082 REYNOLDS ROAD DELTONA, FL 32725 DELEON SPRINGS, FL 32130

**Current Mailing Address: New Mailing Address:** 

1224 E HANCOCK DR 1082 REYNOLDS ROAD DELTONA, FL 32725 DELEON SPRINGS, FL 32130

FEI Number: 41-2041866 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

WILLIS, MICHAEL WILLIS, MICHAEL 1224 E HANCOCK DR 127 E VILLA CAPRI CIRCLE UNIT F DELTONA, FL 32725 US DELAND, FL 32724 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: 08/31/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:** 

Title:

Name:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete Title: (X) Change ( ) Addition WILLIS, MICHAEL WILLIS, MICHAEL Name: 1224 E HANCOCK DR Address: 127 E VILLA CAPRI CIRCLE UNIT F Address:

City-St-Zip: DELTONA, FL 32725 City-St-Zip: DELAND, FL 32724

Title: VΡ Title: VΡ (X) Change ( ) Addition () Delete WILLIS, KENNETH D Name: Name: WILLIS, KENNETH D 1224 E HANCOCK DR Address: 820 CARPENTER AVE Address: DELTONA, FL 32725 ORANGE CITY, FL 32763 City-St-Zip: 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: MICHAEL W. WILLIS 08/31/2009 D