

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000061769

1. Entity Name  
WILLIS HARDWARE, INC.



Principal Place of Business  
409 WEST HIGHWAY 98  
APALACHICOLA, FL 32320

Mailing Address  
409 WEST HIGHWAY 98  
APALACHICOLA, FL 32320



02222006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
03-0453094

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIS, WILLIAM M  
148 20TH AVENUE  
APALACHICOLA, FL 32320

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

1100000452174  
03/11/06-80016-008 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
WILLIS, WILLIAM M  
133 AVE B  
APALACHICOLA, FL 32320

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
WILLIS, JANALYN N  
148 20TH AVENUE  
APALACHICOLA, FL 32320

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
WILLIS, WILLIAM M  
148 20TH AVE  
APALACHICOLA, FL 32320

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
WILLIS, JANALYN N  
148 20TH AVENUE  
APALACHICOLA, FL 32320

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:

*Janalyn Willis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/2006 (850) 653-1400  
Date Daytime Phone #