

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DO NOT WRITE IN THIS SPACE

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

02222008 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0453094	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$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

1000000452174
03/11/06-80016-008 150.00

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

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

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