


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000015783 1. Entity Name WILLSEY RESEARCH, INC.	
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Principal Place of Business 13801 BRUCE B. DOWNS BLVD. SUITE 401 TAMPA, FL 33613	Mailing Address 13801 BRUCE B. DOWNS BLVD. SUITE 401 TAMPA, FL 33613
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DO NOT WRITE IN THIS SPACE



02102007 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3681269	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TATUM, WILLIAM O IV 13801 BRUCE B DOWNS BLVD. STE. 401 TAMPA, FL 33613
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TATUM, WILLIAM O IV 450 W DAVIS BLVD. TAMPA, FL 33606
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02/28/07-80068-017 150.00

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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 or other like empowered.

SIGNATURE:  **2/15/07 813-971-8811**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #