## 2008 FOR PROFIT CORPORATION

changed, or on an attachment with

WO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

## **FILED ANNUAL REPORT** Jan 14, 2008 08:00 A Secretary of State **DOCUMENT # P03000015783** 1. Entity Name WILLSEY RESEARCH, INC. Principal Place of Business Mailing Address 13801 BRUCE B. DOWNS BLVD. 13801 BRUCE B. DOWNS BLVD. **SUITE 401** SUITE 401 TAMPA, FL 33613 **TAMPA, FL 33613** 01082008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-3681269 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 8 Fee Required Name and Address of Current Registered Agent TATUM, WILLIAM O IV DO NOT WRITE 13801 BRUCE B DOWNS BLVD. STE. 401 IN THIS SPACE **TAMPA, FL 33613** 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: Recestered Ament signest are required when reinstation) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS MILE NVACE TATUM, WILLIAM O IV STREET ADDRESS 450 W DAVIS BLVD. CITY-ST-ZIP TAMPA, FL 33606 TITLE NAME STREET ADDRESS U00000782024 01/15/08-80059-005 158.75 CITY-SY-71P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE HALLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-70P TITLE NUME STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 pustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if