

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000123152

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: WILLETT CARPENTRY & CONSTRUCITON, INC.

**Current Principal Place of Business:**

220 ANGELES ROAD  
DEBARY, FL 32713

**New Principal Place of Business:**

**Current Mailing Address:**

220 ANGELES ROAD  
DEBARY, FL 32713

**New Mailing Address:**

FEI Number: 54-2131468

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILLETT, LEON  
220 ANGELES ROAD  
DEBARY, FL 32713 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WILLETT, LEON  
Address: 220 ANGELES ROAD  
City-St-Zip: DEBARY, FL 32713

Title: V ( ) Delete  
Name: PERRY, CLAYTON  
Address: 220 ANGELES ROAD  
City-St-Zip: DEBARY, FL 32713

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: PERRY, CLAYTON  
Address: 220 ANGELES ROAD  
City-St-Zip: DEBARY, FL 32713

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: LEON WILLETT

P

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date