

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000016765

1. Entity Name
 WILRAN PROPERTIES, INC.



Principal Place of Business
 132 HARRISON AVE
 PANAMA CITY, FL 32401

Mailing Address
 132 HARRISON AVE
 PANAMA CITY, FL 32401

DO NOT WRITE IN THIS SPACE



03032006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0652328	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

HARRISON, WILLIAM G JR
 420 W BEACH DRIVE
 PANAMA CITY, FL 32401

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 reappointing)

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HARRISON, WILLIAM G JR
STREET ADDRESS	420 W BEACH DRIVE
CITY - ST - ZIP	PANAMA CITY, FL 32401

TITLE	D
NAME	MCLEHENEY, RANDALL
STREET ADDRESS	132 HARRISON AVE
CITY - ST - ZIP	PANAMA CITY, FL 32401

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 03/21/06-80042-023 150.00

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-06
Date

850-715-9478
Daytime Phone #