

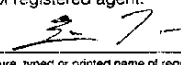
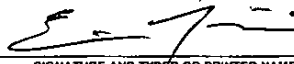


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000018849 1. Entity Name TILLIS & WILLIAMS INC.						FILED 05 JAN 21 PM 4:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 1512 W MARIAH WAY FT WALTON BEACH, FL 32547				Mailing Address 1512 W MARIAH WAY FT WALTON BEACH, FL 32547			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent TILLIS, ERIC 1512 W MARIAH WAY FT WALTON BEACH, FL 32547				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number <input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable			
SIGNATURE 				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TILLIS, ERIC 1512 W MARIAH WAY FT WALTON BEACH, FL 32547			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Andrew Tillis 1512 W Mariah Way Ft Walton Beach FL 32547		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAMS, BOBBY 1512 W MARIAH WAY FT WALTON BEACH, FL 32547			TITLE NAME STREET ADDRESS CITY-ST-ZIP	200045183772 01/24/05--01007--013 **185.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 				1-21-05 (250) 695-5525			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			