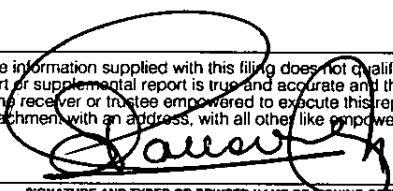


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90354 034 \*\*\*150.00

|   |  |                                   |   |   |   |
|---|--|-----------------------------------|---|---|---|
| <b>DOCUMENT # P04000020785</b><br>1. Entity Name<br><b>WILLY'S SERVICES AND SUPPLIES, INC.</b>  |  |                                   |   |    |   |
| Principal Place of Business<br><b>1624 HIGHWAY 60 WEST<br/>LAKE WHALES, FL 33859</b>  |  |                                   | Mailing Address<br><b>1624 HIGHWAY 60 WEST<br/>LAKE WHALES, FL 33859</b>  |   |   |
| 2. Principal Place of Business<br><b>3550 TIGER CREEK TRAIL</b>   |  | 3. Mailing Address<br><b>SAME</b> |   |   |   |
| Suite, Apt. #, etc.<br><b>LAKE WHALES 1</b>   |  | Suite, Apt. #, etc.<br>           |   |   |   |
| City & State<br><b>PL</b>   |  | City & State<br><b>SBML</b>       |   | 4. FEI Number<br><b>20-0864828</b>  |   |
| Zip<br><b>33898</b>   |  | Country<br><b>USA</b>             |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>DIAZ, OSVALDO J<br/>7951 SW 40TH ST<br/>SUITE 206<br/>MIAMI, FL 33155</b>   |  |                                   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |
| 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.<br>SIGNATURE:  DATE: <b>05/25/05</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |                                   |   |   |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |  |                                   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |
| 10. OFFICERS AND DIRECTORS  |  |                                   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PVT<br><b>PANCORVO, GUILLERMO</b> <input type="checkbox"/> Delete<br><b>1624 HIGHWAY 60 WEST<br/>LAKE WHALES, FL 33859</b> |                                   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br><b>PANCORVO, VICTOR J</b> <input type="checkbox"/> Delete<br><b>1624 HIGHWAY 60 WEST<br/>LAKE WHALES, FL 33859</b>   |                                   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                                   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                                   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                                   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                                   |   | TITLE<br>NAME<br>STREET ADDRESS<br>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:   |  |                                   |   | Date: <b>05/25/05</b> Daytime Phone #: <b>863-696-2339</b>  |   |