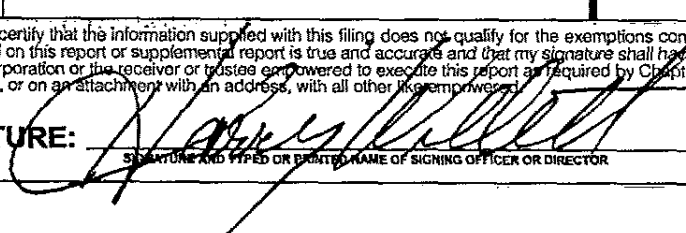


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 09, 2007 08:00 AM
Secretary of State**

DOCUMENT # P04000025159			
1. Entity Name WILLETT & ASSOCIATES, INC.			
Principal Place of Business 5177 MARINER BLVD SPRING HILLS, FL 34609	Mailing Address 1483 CORYDON AVE. SPRING HILLS, FL 34609		
DO NOT WRITE IN THIS SPACE			
		01042007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 57-1198265	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		DO NOT WRITE IN THIS SPACE	
WILLETT, HARRY B 1483 CORYDON AVE. SPRING HILLS, FL 34609			
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 reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
		U000000628787 02/16/07-80030-017 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLETT, ROXIE A 1483 CORYDON AVE. SPRING HILLS, FL 34609		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: 		2-7-07 352-684-6607	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	