


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90122 038 \*\*\*150.00

<b>DOCUMENT # P04000029756</b> 1. Entity Name <b>DW WILLARD CONSTRUCTION &amp; DEVELOPMENT ASSOCIATES, INC.</b>					
Principal Place of Business <b>12070 RACE TRACK RD TAMPA, FL 33626</b>			Mailing Address <b>12070 RACE TRACK RD TAMPA, FL 33626</b>		
2. Principal Place of Business <b>1841 VILLA DR</b>		3. Mailing Address <b>1841 VILLA DR</b>			
Suite, Apt. #, etc. <b># 28</b>		Suite, Apt. #, etc. <b># 28</b>			
City & State <b>CLEARWATER FL</b>		City & State <b>CLEARWATER FL</b>			
Zip <b>33760</b>	Country <b>USA</b>	Zip <b>33760</b>	Country <b>USA</b>	4. FEI Number <b>20-0749627</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>STULL, R. JEFFREY 602 SOUTH BOULEVARD TAMPA, FL 33606</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City <b>FL</b> Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D WILLARD, DAVE 12070 RACE TRACK RD TAMPA, FL 33626</b> <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	
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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: <u>D.W. Willard</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/31/05 727-599-2132 <small>Date Daytime Phone #</small>		