


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90054 027 \*\*\*158.75

<b>DOCUMENT # P04000083254</b>	
1. Entity Name <b>SETH WILLEY, INC.</b>	

Principal Place of Business <b>6110 SW 13TH STREET GAINESVILLE FL 32608</b> <i>Changed</i>	Mailing Address <b>6110 SW 13TH STREET GAINESVILLE FL 32608</b> <i>Changed</i>
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2. Principal Place of Business <b>3100 Season's Way</b> Suite, Apt. #, etc. <b>Apt. # 111</b> City & State <b>Estero FL</b> Zip <b>33928</b> Country <b>Lee/USA</b>	3. Mailing Address <b>3100 Season's Way</b> Suite, Apt. #, etc. <b>Apt. # 111</b> City & State <b>Estero FL</b> Zip <b>33928</b> Country <b>Lee/USA</b>
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1st MOORE CR2E034 (10/04)

4. FEI Number <b>74 312 3262</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301</b>		7. Name and Address of New Registered Agent Name <b>Seth Willey</b> Street Address (P.O. Box Number is Not Acceptable) <b>3100 Season's Way Apt 111</b> City <b>Estero</b> <b>FL</b> Zip Code <b>33928</b>	
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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 *Seth Willey* (NOTE: Registered Agent signature required when reinstating) DATE **2-2-05**

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b> NAME <b>WILLEY, SETH</b> STREET ADDRESS <b>6110 SW 13TH STREET</b> CITY-ST-ZIP <b>GAINESVILLE FL 32608</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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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: *Seth Willey* **Seth Willey - Director** **2-2-05** **239-465-5473**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #