


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90486 040 ***150.00

DOCUMENT # P04000108683					
1. Entity Name WILL ELDER, INC.					
Principal Place of Business P O BOX 369 DADE CITY, FL 33526-0369			Mailing Address P O BOX 369 DADE CITY, FL 33526-0369		
2. Principal Place of Business 35235 REYNOLDS ST		3. Mailing Address P.O. Box 369			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DADE CITY, FLA		City & State DADE CITY, FLA		4. FEI Number 20-1555040	
Zip 33526		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS RD # 221E PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name: WILL ELDER Street Address (P.O. Box Number is Not Acceptable): 35235 REYNOLDS ST. City: DADE CITY FL Zip Code: 33526			
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: <i>W.M. Elder</i>		DATE: APR 29, '05			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <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	D ELDER, WILLIAM M P O BOX 369 DADE CITY, FL 335260369	<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"/> Change <input type="checkbox"/> Addition			
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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"/> 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: <i>W.M. Elder</i>		DATE: APR 29, '05 352-583-2395			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			

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