

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000125862

1. Entity Name
WILLS ANTIQUES AND COLLECTABLES, INC.



Principal Place of Business
**1368 N. RAILROAD AVENUE
CHIPLEY, FL 32428**

Mailing Address
**1368 N. RAILROAD AVENUE
CHIPLEY, FL 32428**



02082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1566690

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$3.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WILLS, TRUDEE J
829 FRASIER CIRCLE
CHIPLEY, FL 32428**

**DO NOT WRITE
IN THIS SPACE**

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 rehashing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME	P WILLS, TRUDEE J
STREET ADDRESS	829 FRASIER CIRCLE
CITY - ST - ZIP	CHIPLEY, FL 32428
TITLE NAME	VP WILLS, WALLACE E
STREET ADDRESS	829 FRASIER CIRCLE
CITY - ST - ZIP	CHIPLEY, FL 32428
TITLE NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/05/06-80058-020 150.00

**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 118, 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:

Trudee J. Wills
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-06

Date

**850-260-1151
850-638-3330**
Daytime Phone #