

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 11, 2007 8:00 am
Secretary of State

06-11-2007 90006 048 ***150.00

DOCUMENT # P04000128927

1. Entity Name
WILL HANCE INC.



Principal Place of Business
16728 16TH ST
LIVE OAK, FL 32060

Mailing Address
16728 16TH ST
LIVE OAK, FL 32060

2. Principal Place of Business - No P.O. Box #
1220 Jacobs Dr
Suite, Apt. #, etc.
17

3. Mailing Address
2929 Briarpark
Suite, Apt. #, etc.
410

City & State
Eugene OR
Zip
97402
Country
USA

City & State
Houston Tx
Zip
77042
Country
USA

04112007 Chg-P CR2E034 (12/06)

4. FEI Number
55-0881769

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HANCE, WILL
16728 16TH ST
LIVE OAK, FL 32060

7. Name and Address of New Registered Agent

Name
Will Hance
Street Address (P.O. Box Number is Not Acceptable)

5401 Collins Ave # 216
City
Miami Beach FL Zip Code
33140

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 Will Hance

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/5/07

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
HANCE, WILL
16728 16TH ST
LIVE OAK, FL 32060 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Hance, Will
1220 Jacobs Dr # 17
Eugene OR 97402 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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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: Will Hance
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/07
Date

Daytime Phone #