

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000012783

FILED  
Jul 17, 2007  
Secretary of State

Entity Name: WILL SERVICES INC.

## Current Principal Place of Business:

369 NE FLORESTA DR  
PORT SAINT LUCIE, FL 34983 US

## New Principal Place of Business:

## Current Mailing Address:

369 NE FLORESTA DR  
PORT SAINT LUCIE, FL 34983 US

## New Mailing Address:

FEI Number: 20-2222796

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CRUZ, WILSON F  
369 NE FLORESTA DR  
PORT SAINT LUCIE, FL 34983 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CRUZ, WILSON F  
Address: 369 NE FLORESTA DR  
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: VP ( ) Delete  
Name: CRUZ, JOSE F  
Address: 3552 UNTE CIR  
City-St-Zip: LANTANA, FL 33462

Title: S ( ) Delete  
Name: PEREZ, MARGARIOT  
Address: 3552 UNTE CIR  
City-St-Zip: LANTANA, FL 33462

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: PEREZ, MARGARITO  
Address: 3552 UNTE CIR  
City-St-Zip: LANTANA, FL 33462

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILON CRUZ

P

07/17/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date