2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State
04-10-2006 90322 009 ***158.75

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1. Entity Name
WILGRUP PROPERTIES OF BREVARD, INC.

Principal Place of Business
1702 S. WASHINGTON AVENUE
TITUSVILLE, FL 32796

Mailing Address
1702 S. WASHINGTON AVENUE
TITUSVILLE, FL 32796

bUU4J4U0

04062006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
200 Willeke Lane	200 Willeke Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cocoa FL	City & State: Cocoa FL
Zip: 32926 Country: Brevard	Zip: 32926 Country: Brevard

4. FEI Number 75-3183771 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EVANS, JOHN H
1702 S. WASHINGTON AVENUE
TITUSVILLE, FL 32796

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EVANS, JOHN H 1702 S. WASHINGTON AVENUE TITUSVILLE, FL 32796 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/T Robert N. Willeke 200 Willeke Lane Cocoa FL 32926 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/S Otto Grupp III 791 Plantation Drive Titusville FL 32780 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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: [signature] Robert N. Willeke 4-6-06 321-403-6621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #