2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000118085

1. Entity Name

WIL-COMM FINANCIAL SERVICES, INC.



FILED Apr 20, 2007 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

3548 JULINGTON ROAD JACKSONVILLE, FL 32223 US 3548 JULINGTON ROAD JACKSONVILLE, FL 32223

US



DO	NOT	WRITE	IN	THIS	SPA	CE
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04152007 No Chg-P CR2E034 (11/05)

4. FEI Number
83-0452198 | Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ERVIN, WILLIE J 3548 JULINGTON ROAD JACKSONVILLE, FL 32223

SIGNATURE:

DO NOT WRITE IN THIS SPACE

107 904-260-014

	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title i	f applicable. (NOTE: Registered	Agent signature	a required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR ERVIN, WILLIE J 3548 JULINGTON ROAD JACKSONVILLE, FL 32223				U00000719507
NAME STREET ADDRESS CITY-ST-ZIP	P ERVIN, WILLIE J 3548 JULINGTON ROAD JACKSONVILLE, FL 32223				000000719507 05/01/07-80067-007 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY ST. 7IP					

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.

OF SIGNING OFFICER OR DIRECTOR