


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90421 034 ***150.00

DOCUMENT # P06000021219 1. Entity Name WIL-FAB, INC.					
Principal Place of Business 6805 BELFAST AVENUE PORT ST JOHN, FL 32927			Mailing Address 6805 BELFAST AVENUE PORT ST JOHN, FL 32927		
2. Principal Place of Business - No P.O. Box # 6805 Belfast Ave		3. Mailing Address 6805 Belfast Ave			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Cocoa, FL		City & State Cocoa FL		4. FEI Number 20-4303484	
Zip 32927		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, GEOFF 6805 BELFAST AVENUE PORT ST JOHN, FL 32927				7. Name and Address of New Registered Agent Name Geoff Williams Street Address (P.O. Box Number is Not Acceptable) 6805 Belfast Ave City Cocoa FL Zip Code 32927	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P WILLIAMS, GEOFF 6805 BELFAST AVENUE PORT ST JOHN, FL 32927		<input type="checkbox"/> Delete		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete		
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: <u>Geoff Williams</u>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>Geoff Williams</u>		
			Date <u>4/26/07</u> Daytime Phone # <u>321-403-1384</u>		