

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P06000023351

1. Entity Name  
JOHN WILLEM AGENCY, INC.



Principal Place of Business  
5555 NORTH DAVIS HIGHWAY  
UNIT E  
PENSACOLA, FL 32503 US

Mailing Address  
5555 NORTH DAVIS HIGHWAY  
UNIT E  
PENSACOLA, FL 32503 US

**FILED  
Mar 19, 2007 08:00 AM  
Secretary of State**

**DO NOT WRITE IN THIS SPACE**

03042007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4232222	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLEM, JOHN  
5555 NORTH DAVIS HIGHWAY  
UNIT E  
PENSACOLA, FL 32503

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when renewing)

DATE

**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	D/P
NAME	WILLEM, JOHN
STREET ADDRESS	5645 ENCHANTING OAKS DRIVE
CITY-ST-ZIP	PENSACOLA, FL 32504

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

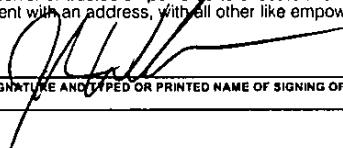
TITLE	
NAME	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/2007 850-477-7186

Date

Daytime Phone #