


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90073 010 \*\*\*150.00

DOCUMENT # P06000102504	
1. Entity Name WILLARD CONSTRUCTION COMPANY	

Principal Place of Business 9337 W SAMPLE RD STE 211 CORAL SPRINGS, FL 33065	Mailing Address 9337 W SAMPLE RD STE 211 CORAL SPRINGS, FL 33065
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2. Principal Place of Business - No P.O. Box # 11900 Loxahatchee Rd Suite, Apt. #, etc.	3. Mailing Address 11900 Loxahatchee Rd Suite, Apt. #, etc.
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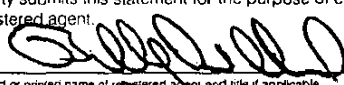
City & State Pacland, Florida	City & State Pacland, Florida
Zip 33076	Zip 33076
Country Broward	Country Broward

01152008 Chg-P CR2E034 (12/06)

4. FEI Number 42-1712415	Applied For Not Applicable
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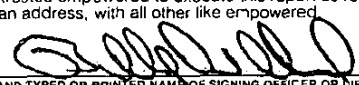
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent <del>CARLSON, GRAFTON N</del> <del>3081 E COMMERCIAL BLVD</del> <del>STE 208</del> <del>FT LAUDERDALE, FL 33308</del>	7. Name and Address of New Registered Agent Name William Willard Street Address (P.O. Box Number is Not Acceptable) 11900 Loxahatchee Rd. City Pacland FL Zip Code 33076
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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 1-15-08
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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLARD, WILLIAM J 9337 W SAMPLE RD - STE 211 CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11900 Loxahatchee Rd Pacland, FL 33076 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE 1-15-08 954 340 6636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	