2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# P08000011175

Entity Name: WILLTON CORPORATION

Current Principal Place of Business:

4709 SE 102ND PL STE 4
BELLEVIEW, FL 34420 US

New Principal Place of Business:

9169 S US HWY 441
OCALA, FL 34480 US

Current Mailing Address:

4709 SE 102ND PL STE 4
BELLEVIEW, FL 34420 US

New Mailing Address:

9169 S US HWY 441
OCALA, FL 34480 US

FEI Number: 37-1560475 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MITCHELL, WILLIAM J
4709 SE 102ND PL STE 4
BELLEVIEW, FL 34420 US

Name and Address of New Registered Agent:

MITCHELL, WILLIAM J
9169 S US HWY 441
OCALA, FL 34480 US

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.

SIGNATURE: WILLIAM J MITCHELL 04/23/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: MITCHELL, WILLIAM J
Address: 4709 SE 102ND PL STE 4
City-St-Zip: BELLEVIEW, FL 34420 US

Title: VPT ( ) Delete
Name: MITCHELL, TONIA S
Address: 4709 SE 102ND PL STE 4
City-St-Zip: BELLEVIEW, FL 34420 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition
Name: MITCHELL, WILLIAM J
Address: 9169 S US HWY 441
City-St-Zip: OCALA, FL 34480 US

Title: VPT (X) Change ( ) Addition
Name: MITCHELL, TONIA S
Address: 9169 S US HWY 441
City-St-Zip: OCALA, FL 34480 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J MITCHELL PS 04/23/2009
Electronic Signature of Signing Officer or Director Date