2007 FOR PROFIT CORPORATION & ANNUAL REPORT (AR)

SIGNATURE:

Feb 20, 2007 8:00 am **Secretary of State** DOCUMENT # P94000021834 02-20-2007 90053 037 ***150.00 WILFORD ENTERPRISES, INC. Principal Place of Business Mailing Address 3102 53RD AVE. EAST 3102 53RD AVE. EAST **BRADENTON FL 34203 BRADENTON FL 34203** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0488790 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CRAWFORD, STEVEN 3102 53RD AVE. EAST Stroot Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34203** City Zip Code 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 reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. Delete TITLE mu Change ☐ Addition CRAWFORD, STEVEN NAME NAME 3102 53RD AVE. EAST STREET ADDRESS STREET ADDRESS **BRADENTON FL 34203** CITY-S1-ZIP CHY-ST-7/P шп HHE ☐ Delete Change ■ Addition CRAWFORD, KELLY 3102 536 AUE E BRAD: NOW, PI. 34203 NAMI. 2208 71ST W STREET ADDRESS STREET ADDRESS **BRADENTON FL 34209** CITY-ST-ZIP CLIY-S1-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY - ST - 7IP Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY - ST - ZIP Delete ☐ Change ☐ Addition THU NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FILLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-S1-7IP CITY - ST - ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

FILED