


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000021834		
1. Entity Name WILFORD ENTERPRISES, INC.		
Principal Place of Business 3102 53RD AVE. EAST BRADENTON, FL 34203 US		Mailing Address 3102 53RD AVE. EAST BRADENTON, FL 34203
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CRAWFORD, STEVEN 3102 53RD AVE. EAST BRADENTON, FL 34203		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, STEVEN 3102 53RD AVE. EAST BRADENTON, FL 34203	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, KELLY 3102 53RD AVE E BRADENTON, FL 34203	
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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: <i>Kelly Crawford</i> Kelly Crawford 3-3108 947566481 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01062008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0488790	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U00000878037
04/14/08-80037-021 150.00

**DO NOT WRITE
IN THIS SPACE**