2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 30, 2004 08:00 AM DOCUMENT # P94000027621 **Secretary of State** 1. Entity Name L.G. WILLS, INC. Mailing Address Principal Place of Business 526 W HOWARD AVE 526 W HOWARD AVE ORANGE CITY, FL 32763 ORANGE CITY, FL 32763 04272004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3238264 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WILLS, LEE 526 W HOWARD AVE DO NOT WRITE ORANGE CITY, FL 32763 IN THIS SPACE The state of the same of the 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, The day would be the second gager megger for mercer of company (NOTE, Registered Agent signature required when reinstaling) Signature, lypid or printed name of registered agent and life if appricable. 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be U00000143636 Trust Fund Contribution. Added to Fees 04/30/04-80102-016 150.00 10. OFFICERS AND DIRECTORS 1671 F WILLS, LEE NAME 526 W HOWARD AVE STREET ADDRESS ORANGE CITY, FL CITY-S1-ZIP VΡ TITLE WOOD-WILLS, CHRIS STREET ADDRESS 526 W HOWARD AVE ORANGE CITY, FL CITY-ST-ZIP BBL 116136 STREET ADDRESS DO NOT WRITE CITY-SI-ZIP HILL IN THIS SPACE NAME STREET ADDRESS CITY-ST-719 ME NAME STREET ADDRESS CITY-ST-ZIP THEE, IN PARTY

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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:

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STREET ADDRESS CITY-ST-ZIP

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