

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # P95000003477

1. Entity Name
(W.A.) WILLIES, INC.



Principal Place of Business
9875 S THOMAS DR.
PANAMA CITY BCH, FL 32408 US

Mailing Address
PO BOX 18040
PANAMA CITY BEACH, FL 32417 US



04022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3318683

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUSKELL, WILLIAM A
9875 S THOMAS DR
PANAMA CITY BEACH, FL 32408

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME BUSKELL, WILLIAM A.
STREET ADDRESS 9875 S THOMAS DR
CITY-STATE-ZIP PANAMA CITY BCH, FL

TITLE S
NAME BUSKELL, BARON G.
STREET ADDRESS 9875 S THOMAS DR.
CITY-STATE-ZIP PANAMA CITY BCH, FL

TITLE T
NAME BUSKELL, WILLIAM E.
STREET ADDRESS 9875 S THOMAS DR
CITY-STATE-ZIP PANAMA CITY BCH, FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

000000984620
04/17/08-80051-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Wm. E. Buskell

William E. Buskell

4-2-08

850-235-1225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #