2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000000132

1. Entity Name
WILLOCOX CORPORATION II

Principal Place of Business	Mailing Address
341 N MAITLAND AVE SUITE 340 MAITLAND, FL 32751	P.O. BOX DRAWER 7540 MAITLAND, FL 32794

DO NOT WRITE IN THIS SPACE

66003595

01252005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3244255	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

TATICH, PHILIP
341 N MAITELAND AVE
SUITE 340
MAITLAND, FL 32751

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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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PS	
NAME	TATICH, PHILIP	
STREET ADDRESS	341 N MAITELAND AVE	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	D	
NAME	COX, WILLOUGHBY T	
STREET ADDRESS	341 N MARTLAND AVE STE 340	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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: _____ PHILIP TATICH Pres. 2/28/05 (407) 629-4433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #