2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 01, 2006 8:00 am Secretary of State 05-01-2006 90467 022 ***150.00 DOCUMENT # P9600000132 1. Entity Name WILLOCOX CORPORATION II Principal Place of Business Mailing Address 60032434 341 N MAITLAND AVE P.O. BOX DRAWER 7540 SUITE 340 MAITLAND, FL 32794 MAITLAND, FL 32751 2. Principal Place of Business Suite, Apt. #, etc. 04262006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For 59-3244255 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SAME TATICH, PHILIP 341 N MAITELAND AVE **SUITE 340** MAITLAND, FL 32751 Printer FL 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 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE TITLE Change Addition TATICH, PHILIP NAME NAME 1151 N. Orange Ave STREET ADDRESS 341 N MAITELAND AVE STREET ADDRESS CITY-ST-ZiP MAITLAND, FL 32751 City-St-ZIP ☐ Delete IIILE Change TETLE ☐ Addition NAME COX, WILLOUGHBY T NAME 1151 N. Ovange Ave 341 N MARTLAND AVE STE 340 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 32751 CITY-ST-ZIP Delete TITLE Change TITLE ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7iP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

NTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

ATTACHMENT 60032434

PROFESSIONAL ASSOCIATION

ATTORNEY AND COUNSELLOR AT LAW

POST OFFICE BOX 2545

WINTER PARK, FLORIDA 32790-2545

TELEPHONE (407) 629-4433 FACSIMILE (407) 629-4455

1151 NORTH ORANGE AVENUE WINTER PARK, FLORIDA 32789

April 26, 2006

Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302-1500

Re: 2006 For Profit, Corporation Annual Report

(Document # P9600000132)

Dear Sir/Madam:

Enclosed please find the above referenced report along with a check in the amount of \$150.00 to cover filing.

4hilip Tatich

PT/bep

Enclosures

cc: Willocox Corporation II (w/enclosure)

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