

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # P96000030626**

1. Entity Name  
**WILLOW BRANCH, INC.**



Principal Place of Business  
**4595 LEXINGTON AVENUE  
JACKSONVILLE, FL 32210**

Mailing Address  
**4595 LEXINGTON AVENUE  
JACKSONVILLE, FL 32210**



04172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3382880</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**WELLS, MARIE  
4595 LEXINGTON AVENUE  
JACKSONVILLE, FL 32210**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

U00000545587  
05/11/06-80082-023 150.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILNE, DJ 4595 LEXINGTON AV JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILNE, JACK 4595 LEXINGTON AVE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILNE, JOEY 4595 LEXINGTON AVE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS WELLS, MARIE 4595 LEXINGTON AVE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:**

*Marie Wells*

*4-28-06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #