

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000002161**

1. Entity Name

WILLY SCHREIBER ENTERPRISES, INC.



Principal Place of Business

1490 DR MARTIN LUTHER KING JR BLVD  
SEFFNER, FL 33584

Mailing Address

1490 DR MARTIN LUTHER KING JR BLVD  
SEFFNER, FL 33584



01112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3434934

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CREASON, CHERYL  
105 7TH AVE NE  
RUSKIN, FL 33570

**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 rehashing)

DATE

**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

TITLE PD  
NAME SCHREIBER, WILLY  
STREET ADDRESS 2117 STERLING GLEN COURT  
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE VPSD  
NAME CREASON, CHERYL  
STREET ADDRESS 105 7TH AVE., N.E.  
CITY-ST-ZIP RUSKIN, FL 33570

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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U00000389228  
01/20/06-80037-004 150.00

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-06

Date

813-645-4000

Daytime Phone #