


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90199 042 ***150.00

DOCUMENT # P97000032837 1. Entity Name WILLIE'S IRON WORKS, INC.					
Principal Place of Business 17289 SE 280 TH CT UMATILLA, FL 32784 US			Mailing Address P O BOX 544 UMATILLA, FL 32784 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3438831	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LOCKLEAR, MARY SUE 17289 SE 180TH CT UMATILLA, FL 32784				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u>X</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>X</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P		TITLE		
NAME	LOCKLEAR, WILLIE		NAME		
STREET ADDRESS	17289 S.E. 280TH COURT		STREET ADDRESS		
CITY-ST-ZIP	UMATILLA, FL 32784		CITY-ST-ZIP		
TITLE	VP		TITLE		
NAME	LOCKLEAR, WILLIE J JR		NAME		
STREET ADDRESS	17289 S.E. 280TH COURT		STREET ADDRESS		
CITY-ST-ZIP	UMATILLA, FL 32784		CITY-ST-ZIP		
TITLE			TITLE		
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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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: x Mary Sue Locklear <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			x 4-24-06 <small>Date Daytime Phone #</small>		