


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90100 046 ***150.00

DOCUMENT # P97000037454

1. Entity Name
CHOCTAW WILLY'S, INC.



Principal Place of Business
**214 W. BROAD STREET
 GROVELAND FL 34736**

Mailing Address
**214 W. BROAD STREET
 GROVELAND FL 34736**

50028455



1st MOORE CR2E034 (10/04)

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **59-3448742**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**BIRD, DOUGLAS
 1079 GOLF POINT LOOP
 APOPKA FL 32712**

7. Name and Address of New Registered Agent
 Name **PAULETTE B. BROCK**
 Street Address (P.O. Box Number is Not Acceptable)
1613 SWEETWATER WEST CIR
 City **APOPKA** FL Zip Code **32712**

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 *Paulette B. Brock* **PAULETTE B. BROCK** **3/16/05**
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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BIRD, DOUGLAS	
STREET ADDRESS	1079 GOLF POINT LOOP	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BROCK, PAULETTE B	
STREET ADDRESS	1289 ERROL PARKWAY	
CITY-ST-ZIP	ORLANDO FL 32712	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BROCK, STANLEY D	
STREET ADDRESS	1289 ERROL PARKWAY	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1865 Cranberry Isle Way	
STREET ADDRESS	APOPKA, FL 32712	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1613 SWEETWATER WEST CIR	
STREET ADDRESS	APOPKA, FL 32712	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1613 SWEETWATER WEST CIR	
STREET ADDRESS	APOPKA, FL 32712	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Paulette B. Brock* **3/16/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #