


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000037454**  
 1. Entity Name  
**CHOCTAW WILLY'S, INC.**



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

Mailing Address  
**29031 SHIRLEY SHORES ROAD**  
**TAVARES, FL 32778**

**DO NOT WRITE IN THIS SPACE**



01232008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3448742**

Applied For  
 Not Applicable

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

8. Name and Address of Current Registered Agent  
**BROCK, PAULETTE B**  
**29031 SHIRLEY SHORES ROAD**  
**TAVARES, FL 32778**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<b>BIRD, DOUGLAS</b> 1865 CRANBERRY ISLE WAY APOPKA, FL 32712
TITLE <b>ST</b>	<b>BROCK, PAULETTE B</b> 29031 SHIRLEY SHORES ROAD TAVARES, FL 32778
TITLE <b>VP</b>	<b>BROCK, STANLEY D</b> 29031 SHIRLEY SHORES ROAD TAVARES, FL 32778
TITLE <b>NAME</b>	
TITLE <b>NAME</b>	
TITLE <b>NAME</b>	

**DO NOT WRITE IN THIS SPACE**

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 01/29/08-80004-007 150.00

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:** *Paulette B Brock* **PAULETTE B BROCK** 1/23/08 407-889-5732  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #