

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000065539

Entity Name: WILLARD, INC.

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

16729 TALL GRASS LANE  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 121700  
CLERMONT, FL 34712

**New Mailing Address:**

FEI Number: 59-3460473

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AROUND FLORIDA DISTRIBUTORS, INC.  
16729 TALL GRASS LANE  
CLERMONT, FL USA US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GRUMMERT, ANN M  
Address: 16729 TALL GRASS LANE  
City-St-Zip: CLERMONT, FL 34711

Title: P  
Name: GRUMMERT, WILLARD N  
Address: 16729 TALL GRASS LANE  
City-St-Zip: CLERMONT, FL 34711

Title: D  
Name: GRUMMERT, JEFFREY S  
Address: 16729 TALL GRASS LANE  
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLARD N. GRUMMERT

P

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date