

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000396599 1. Entity Name WILLIE - J, INC.	
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Principal Place of Business 1201 N.W. 4TH AVE. BOCA RATON, FL 33432	Mailing Address 1201 N.W. 4TH AVE. BOCA RATON, FL 33432
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JURACSIK, TIBOR
1201 N.W. 4TH AVE.
BOCA RATON, FL 33432

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

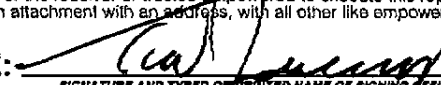
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JURACSIK, TIBOR 1201 N.W. 4TH AVE. BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JURACSIK, WILMA 1201 N.W. 4TH AVE. BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JURACSIK, THEODORE A 811 N. E. 76TH STREET BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PAPA, MARIANNE J 2986 SANDALWOOD CT DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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 Date **3-9-06** Daytime Phone # _____