2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P97000096599

1. Entity Name
WILLIE - J, INC.

Principal Place of Business	Mailing Address
1201 N.W. 4TH AVE. BOCA RATON, FL 33432	1201 N.W. 4TH AVE. BOCA RATON, FL 33432

000000046344U
03/21/06-80076-011 150.00

DO NOT WRITE IN THIS SPACE

03062006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0795515
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 reinstating)

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

10. OFFICERS AND DIRECTORS

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

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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: _____ 3-9-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #