
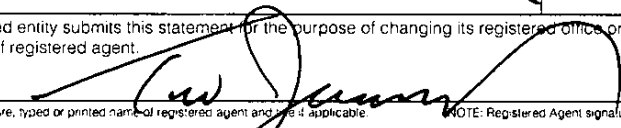
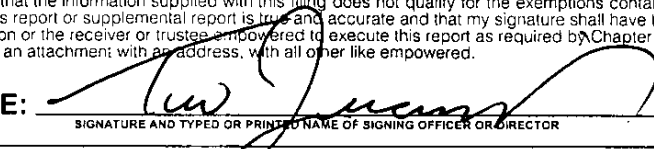


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90055 034 \*\*\*150.00

<b>DOCUMENT # P97000096599</b> 1. Entity Name <b>WILLIE - J, INC.</b>					
Principal Place of Business 1201 N.W. 4TH AVE. BOCA RATON, FL 33432			Mailing Address 1201 N.W. 4TH AVE. BOCA RATON, FL 33432		
2. Principal Place of Business - No P.O. Box # <b>255 N. CONGRESS AVE</b>		3. Mailing Address <b>255 N. CONGRESS AVE</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>DELRAY BEACH, FL</b>		City & State <b>DELRAY BEACH, FL</b>		4. FEI Number <b>65-0795515</b>	
Zip <b>33445</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip <b>33445</b>		Country <b>US</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>JURACSIK, TIBOR</b> <b>1201 N.W. 4TH AVE.</b> <b>BOCA RATON, FL 33432</b>			7. Name and Address of New Registered Agent Name <b>TED A JURACSIK</b> Street Address (P.O. Box Number is Not Acceptable) <b>255 N. CONGRESS AVE</b> City <b>DELRAY BEACH</b> <b>FL</b> Zip Code <b>33445</b>		
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  <b>1-17-07</b> <small>Signature, typed or printed name of registered agent and fee 4 applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JURACSIK, TIBOR 1201 N.W. 4TH AVE. BOCA RATON, FL 33432	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JURACSIK, WILMA 1201 N.W. 4TH AVE. BOCA RATON, FL 33432	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JURACSIK, THEODORE A 811 N. E. 76TH STREET BOCA RATON, FL 33487	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PAPA, MARIANNE J 2986 SANDALWOOD CT DELRAY BEACH, FL 33445	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:  <b>1-17-07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					