

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000020458

Entity Name: WILLOW GLEN, INC.

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

44 WESTLEE LANE  
PALM COAST, FL 32164

**New Principal Place of Business:**

**Current Mailing Address:**

44 WESTLEE LANE  
PALM COAST, FL 32164

**New Mailing Address:**

FEI Number: 65-0839617

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ADMIRE, JOHN G  
2555 PONCE DE LEON BOULEVARD  
SUITE 320  
CORAL GABLES, FL 33134 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: PD  
Name: CUNNINGHAM, ROBERT  
Address: 44 WESTLEE LANE  
City-St-Zip: PALM COAST, FL 32164

Title: S  
Name: CUNNINGHAM, SHARON  
Address: 44 WESTLEE LANE  
City-St-Zip: PALM COAST, FL 32164

Title: PD  
Name: CUNNINGHAM, ROBERT  
Address: 44 WESTLEE LANE  
City-St-Zip: PALM COAST, FL 32164

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: ROBERT CUNNINGHAM

PD

04/27/2011

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

\_\_\_\_\_  
Date