


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000057524 1. Entity Name WILLCO OF ORLANDO, INC.		
Principal Place of Business 29 W MC KEY ST OCOE FL 34761-2605		Mailing Address 29 W MC KEY ST OCOE FL 34761-2605
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip



1st MOORE CR2E034 (10/07)

4. FEI Number 59-3523686	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SOPP, ERIC 1544 COLUSO DR WINTER GARDEN FL 34787	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 (mandatory) NOTE: Registered Agent signature required when incorporating DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	NAME SOPP, ERIC	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP U00000809205 02/08/08-80012-012 158.75
STREET ADDRESS 1544 COLUSO DR	CITY-ST-ZIP WINTER GARDEN FL 34-787.	STREET ADDRESS	CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP

12. I hereby certify that the information supplied with the filing does not qualify for the exemptions contained in Section 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:  1-28-08 407-656-1113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digitally Created