2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 16, 2006 08:00 AM **Secretary of State** DOCUMENT # P98000061200 1. Entity Name WILLARD APPLIANCES, INC. Principal Place of Business Mailing Address 3110 CORRINE DRIVE ORLANDO FL 32803 3110 CORRINE DRIVE ORLANDO FL 32803 3. Mailing Address 2. Principal Place of Business Suite, Apt. It, etc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State City & State 59-3520219 Not Applicab Country \$8.75 Additional Z₽D Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WILLARD, GENE S JR. Street Address (P.O. Box Number is Not Acceptable) 3110 CORRINE DRIVE ORLANDO FL 32803 City Zio Code 5. 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 DAIE Signature, typed or printed name of registered agent and title if applicable INOTE: Perustered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 6: After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ ###### TITLE Delete TITLE MAANE NAME WILLARD, JR, GENE S U00000437220 02/28/06-80032-019 150.00 STREET ADDRESS STREET ADDRESS. 3110 CORRINE DR CITY-ST-ZO ORLANDO FL 32803 CITY-ST-78P ☐ Change ☐ Addition Delete TITLE TITLE NAME STREE ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITLE ☐ Chance □ Addition TEEF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C1374 - ST - 71P ☐ Defete TITLE ☐ Change Advision Advision TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Adam Change TATLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRÉSS CITY-ST-ZIP City-ST-ZIP □ Ad^{Tito} ☐ Change Detete T) ESCT MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with this 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 direction 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.

Fr Genes. Willard TK

FILED