


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90102 044 ***150.00

DOCUMENT # P98000062823	
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1. Entity Name

WILLIE'S SUMMER HOUSE, INC.

Principal Place of Business

36716 ST. JOE RD
DADE CITY FL 33525

Mailing Address

36716 ST. JOE RD
DADE CITY FL 33525



2. Principal Place of Business

14148 8th ST
Suite, Apt. #, etc.
#201

3. Mailing Address

14148 8th ST
Suite, Apt. #, etc.
#201

1st MOORE

CR2E034 (10/05)

City & State

DADE CITY, FL

City & State

DADE CITY, FL

4. FEI Number

59-3527846

Applied For

Not Applicable

Zip

33525

Country

PASCO

Zip

33525

Country

PASCO

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STORCH, LINDA A
13700 15TH STREET
DADE CITY FL 33525

7. Name and Address of New Registered Agent

Name **BARBARA HUCKABAY**

Street Address (P.O. Box Number is Not Acceptable)

14148 8th ST

#201

City

DADE CITY

FL

Zip Code

33525

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HUCKABAY, BARBARA L	
STREET ADDRESS	36716 ST. JOE ROAD	
CITY-ST-ZIP	DADE CITY FL 33525	

TITLE	DVP	<input type="checkbox"/> Delete
NAME	HOLTZHOWER, CHARLES JR	
STREET ADDRESS	36716 SUWANEE WAY	
CITY-ST-ZIP	DADE CITY FL 33525	

TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	STORCH, LINDA A.	
STREET ADDRESS	13700 15TH STREET	
CITY-ST-ZIP	DADE CITY FL 33525	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARA HUCKABAY	
STREET ADDRESS	14148 8th ST #201	
CITY-ST-ZIP	DADE CITY FL 33525	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Barbara Huckabay

4/28/04

352-527-6150

ATTACHMENT



60037907
P98000062823
Willie's Summer House, Inc.

May 2, 2006

Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, FL 32314

To Whom It May Concern:

I'm writing to explain why this payment is late. There has been a death in our management that I had to attend to. At the same time my bookkeeper was out of town. In the process, I forgot to mail this payment. When I finally was able to get back to my office, I realized it was late. Please understand that if things had not become so difficult the past two weeks, this would not have been late. I sincerely apologize.

Thank you,

Barbara Huckabay

bh