## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000066701

Title:

Name:

Address:

City-St-Zip:

V/P

( ) Delete

MORRIS, JOSHUA D

MARIANNA, FL 32446

4521 DEER RUN

FILED Jan 10, 2007 Secretary of State

Entity Name: WILPRO, INC.	
Current Principal Place of Business:	New Principal Place of Business:
2888 JEFFERSON ST. MARIANNA, FL 32446	2890 JEFFERSON ST. MARIANNA, FL 32446
Current Mailing Address:	New Mailing Address:
P.O. BOX 180 MARIANNA, FL 325570180	P.O. BOX 6286 MARIANNA, FL 325576286
FEI Number: 59-3527164 FEI Number Applied For() FEI	Number Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
WILLIAMS, ROGER 4521 DEER RUN MARIANNA, FL 32446 US The above named entity submits this statement for the purpos in the State of Florida.	se of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered Agent  Election Campaign Financing Trust Fund Contribution ().	Date
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: D ( ) Delete  Name: WILLIAMS, ROGER  Address: 4521 DEER RUN  City-St-Zip: MARIANNA, FL 32446	Title: DP (X) Change ( ) Addition  Name: WILLIAMS, ROGER  Address: 4521 DEER RUN  City-St-Zip: MARIANNA, FL 32446
Title:         D         ( ) Delete           Name:         WILLIAMS, JUDITH R           Address:         4521 DEER RUN           City-St-Zip:         MARIANNA, FL 32446	Title: DST (X) Change ( ) Addition Name: WILLIAMS, JUDITH R Address: 4521 DEER RUN City-St-Zip: MARIANNA, FL 32446

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

Title:

Name: Address:

City-St-Zip:

SIGNATURE: JUDITH R. WILLIAMS Τ 01/10/2007

() Change () Addition