

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90226 025 ***150.00

DOCUMENT # P99000057755

1. Entity Name
WILAMCO, INC.



Principal Place of Business
**375 SABAL WAY
WESTON, FL 33326 US**

Mailing Address
**375 SABAL WAY
WESTON, FL 33326 US**

50016552

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03132006

Chg-P

CR2E034 (11/05)

4. FEI Number

65-0929658

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HRAWG CORP.
2000 GLADES ROAD
SUITE 400
BOCA RATON, FL 33431**

Name **STEPHEN M. NEWMAN, P.A.**

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

4400 PGA BOULEVARD, SUITE 900

City **PALM BEACH GARDENS**

FL

Zip Code **33410**

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. **STEPHEN M. NEWMAN, P.A.**

SIGNATURE

By *Stephen M. Newman*

, President

3/15/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **FOGLE, SUSAN D**
STREET ADDRESS **375 SABAL WAY**
CITY-ST-ZIP **WESTON, FL 33326**

TITLE **S** ☐ Delete
NAME **FOGLE, PHILLIP E**
STREET ADDRESS **375 SABAL WAY**
CITY-ST-ZIP **WESTON, FL 33326**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 Chapter 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:

Susan D. Fogle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/06

Date

954-389-9564

Daytime Phone #