2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000098517

Entity Name: WILLOUGHBY LAND COMPANY

FILED Aug 29, 2007 Secretary of State

2005 S.E. COVE ROAD 418 C SANDPIPER DRIVE STUART, FL 34997 FT. PIERCE, FL 34982

Current Mailing Address: New Mailing Address:

2005 S.E. COVE ROAD 418 C SANDPIPER DRIVE STUART, FL 34997 FT. PIERCE, FL 34997

FEI Number: 65-1019263 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:

BRECHBILL, MARK CPA 215 S. FEDERAL HWY. SUITE 100 STUART, FL 34994 US

GENE, NAIL 418 C SANDPIPER DRIVE FT. PIERCE, FL 34982

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.

SIGNATURE: GENE NAIL 08/29/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition GORVEL, ERNEST DELVECCHIO, JOSEPH Name: Name: 513 SWEET BAY CIRCLE 1901 S.E. ST. LUCIE BLVD. Address: Address: City-St-Zip: JUPITER, FL 33458 US City-St-Zip: STUART, FL 34996 US

Title: Title: () Delete (X) Change () Addition NAIL, GENE Name: DICK, ROBERT H Name:

Address: Address:

600 SW BITTERN STREET 418 C SANDPIPER DRIVE FT. PIERCE, FL 34982 City-St-Zip: PALM CITY, FL 34990 City-St-Zip:

Title: Title: (X) Delete () Change () Addition

CARACAPPA, LEONARD Name: Name: 1465 S.W. ALIGATOR STREET Address: Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

DELVECCHIO, JOSEPH Name: Name: Address: 1901 S.E. ST. LUCIE BLVD. Address: City-St-Zip: STUART, FL 34996 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: GENE NAIL RA 08/29/2007