

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # S05207

1. Entity Name
THE WILLIS ORGANIZATION (T.W.O.), INC.



Principal Place of Business
2550 CITRUS LAKE DR
SUITE W101
NAPLES, FL 34109 US

Mailing Address
2550 CITRUS LAKE DR
SUITE W101
NAPLES, FL 34109 US



04172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3034428

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBBINS, R. JAMES JR.
101 EAST KENNEDY BLVD.
SUITE 3700-BARNETT PLAZA
TAMPA, FL 33602

**DO NOT WRITE
IN THIS SPACE**

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 renewing)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000916422
05/12/08-80027-015 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME WILLIS, PETER B.
STREET ADDRESS 2550 CITRUS LAKE DR SUITE W101
CITY-ST-ZIP NAPLES, FL 34109

TITLE V
NAME WILLIS, LINDA
STREET ADDRESS 2550 CITRUS LAKE DR SUITE W101
CITY-ST-ZIP NAPLES, FL 34109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: Linda Willis LINDA WILLIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-2008 239-595-9525

Date

Daytime Phone #