

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 09, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000121537  
 1. Entity Name  
 WILLMUR CORPORATION



Principal Place of Business: 6114 GALLEON WAY, TAMPA, FL 33615  
 Mailing Address: 6114 GALLEON WAY, TAMPA, FL 33615



02212006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 02-0575106  
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent  
 MURRAY, WILLIAM J  
 6114 GALLEON WAY  
 TAMPA, FL 33615

**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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	P MURRAY, WILLIAM J 6114 GALLEON WAY TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MURRAY, LOUISE G 6114 GALLEON WAY TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MURRAY, JASON W 6114 GALLEON WAY TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MURRAY, JUSTIN M 6114 GALLEON WAY TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCY, WRIGHT 6114 GALLEON WAY TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11000010460789  
 03/20/06-80024-006 150.00

**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: *William J. Murray* WILLIAM J. MURRAY 13-06-06 813 839 7383  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #