2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F97638

1. Entity Name
WILLIAMS, GAUTIER, GWYNN & DELOACH, P.A.

Principal Place of Business	Mailing Address
2010 DELTA BOULEVARD P O BOX 4128 TALLAHASSEE, FL 32303 US	2010 DELTA BOULEVARD P O BOX 4128 TALLAHASSEE, FL 32303 US

DO NOT WRITE IN THIS SPACE

04182006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2213062
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SORENSON, JAMES E
2010 DELTA BLVD
TALLAHASSEE, FL 32303

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000520433
05/02/06-80094-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILLIAMS, L. LEE, JR.
STREET ADDRESS	2010 DELTA BOULEVARD
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	VPD
NAME	WILLIAMS, F. PALMER
STREET ADDRESS	2010 DELTA BOULEVARD
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	VD
NAME	GAUTIER, RUSSELL D
STREET ADDRESS	2010 DELTA BOULEVARD
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	VD
NAME	GWYNN, GEORGE H
STREET ADDRESS	2010 DELTA BLVD.
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	VTD
NAME	DELOACH, JOHN H
STREET ADDRESS	2010 DELTA BLVD.
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	VSD
NAME	SORENSON, JAMES E
STREET ADDRESS	2010 DELTA BLVD
CITY-ST-ZIP	TALLAHASSEE, FL 32303

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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: John H. DeLoach 4-18-06 386-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #