


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90242 032 \*\*\*150.00

**DOCUMENT # P01000040456**

1. Entity Name  
**BILL GOMEZ & ASSOCIATES, INC.**



Principal Place of Business  
**3524 WATERFIELD PARKWAY  
 LAKELAND, FL 33803-9704 US**

Mailing Address  
**P.O. BOX 398  
 EATON PARK, FL 33840**

**DO NOT WRITE IN THIS SPACE**



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3714587</b>	Applied For Not Applicable
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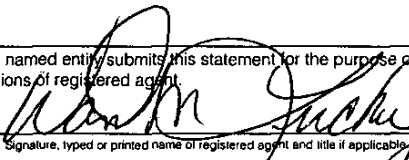
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LUCKEY, WARREN M  
 4020 GLEN GARRY RD. W.  
 LAKELAND, FL 33813**

**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: 1/10/06

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

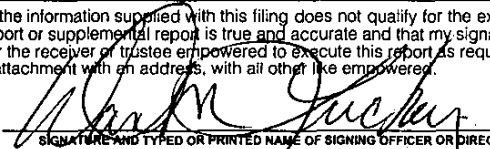
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUCKEY, WARREN M 4020 GLEN GARRY RD W. LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WATSON, SEAN 3524 WATERFIELD PKWY LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  DATE: 1/10/06 DAYTIME PHONE #: 863-667-1339