


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # S71210
 1. Entity Name
WILLIAM J. ENTERPRISES INC.



Principal Place of Business Mailing Address
3037 E. OLIVE ROAD **3037 E. OLIVE ROAD**
PENSACOLA, FL 32514 US **PENSACOLA, FL 32514 US**

DO NOT WRITE IN THIS SPACE



04052006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-3091508 Not Applicable

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

6. Name and Address of Current Registered Agent
JOHNSON, VICTORIA W
3037 E. OLIVE RD
PENSACOLA, FL 32514

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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


10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JOHNSON, VICTORIA W
STREET ADDRESS	3370 BROOKSHIRE DRIVE
CITY-ST-ZIP	PENSACOLA, FL
TITLE	D
NAME	JOHNSON, WILLIAM J III
STREET ADDRESS	3370 BROOKSHIRE DRIVE
CITY-ST-ZIP	PENSACOLA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/02/06-80005-004 150.00

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. JOHNSON III** **4-17-06 850 484 8593**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #