

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

APPROVED  
AND  
FILED

06 MAR 14 AM 9:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Signature]*

**DOCUMENT # 493935**

1. Entity Name  
**WILLIAM J. MCPHARLIN, P.A.**



Principal Place of Business  
3015 N. OCEAN., #122  
FT. LAUDERDALE, FL 33308 US

Mailing Address  
3015 N. OCEAN., #122  
FT. LAUDERDALE, FL 33308 US



02222006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1807541**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MCPHARLIN, WILLIAM J  
3015 N. OCEAN., #122  
FT. LAUDERDALE, FL 33308

**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 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 MCPHARLIN, WILLIAM J 1800 S. OCEAN BLVD #112 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/20/06--01027--019 \*\*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:**

*[Signature]* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-06

Date

954-566-8883

Daytime Phone #