

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # F01000004273

1. Entity Name
WHO WRITES IT INC.



Principal Place of Business
**1060 WEST STATE RD 434
STE 164
LONGWOOD, FL 32750**

Mailing Address
**PO BOX 951475
LAKE MARY, FL 32795**



02152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3731749

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GEBHARDT, MARK
1060 WEST STATE RD 434
STE 228
LONGWOOD, FL 32750**

**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 (If OFC 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

**000000476998
04/06/06-80033-019 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD GEBHARDT, MARK D 1060 WEST SR 434, STE 228 LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GEBHARDT, KATHRYNNE 1060 W SR 434, STE. 164 LONGWOOD, FL 32750
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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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-06 4078317325
Date Daytime Phone #