


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Feb 28, 2008 08:00 AM
Secretary of State**


DOCUMENT # F22773
1. Entity Name
WILLIAM E. SHOCKETT, P.A.



Principal Place of Business: **CITY NATIONAL BANK OF MIAMI 6TH FLOOR
25 W. FLAGLER STREET
MIAMI, FL 33130**

Mailing Address: **CITY NATIONAL BANK OF MIAMI 6TH FLOOR
25 W. FLAGLER STREET
MIAMI, FL 33130**

DO NOT WRITE IN THIS SPACE



01252008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2086475	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SHOCKETT, WILLIAM E., ESQ
25 W. FLAGLER STREET
6TH FLOOR
MIAMI, FL 33130**

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	PS SHOCKETT, WILLIAM E. 25 W. FLAGLER STREET MIAMI, FL
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03/11/08-80030-009 150.00

**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 another like empowered.

SIGNATURE:  **2/22/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #