


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90226 012 ***150.00

DOCUMENT # H25348

1. Entity Name
WILLIAM J. DILLON, D.C., P.A.



Principal Place of Business Mailing Address

709 N. EGLIN PARKWAY **709 NORTH EGLIN PARKWAY**
FT. WALTON BEACH, FL 32547 US **FT WALTON BEACH, FL 32547 US**

60033565



05012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2236133	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

DILLON, WILLIAM J.
709 NORTH EGLIN PARKWAY
FT. WALTON BEACH, FL

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 **9. Election Campaign Financing** **\$5.00 May Be**
After May 1, 2006 Fee will be \$550.00 **Trust Fund Contribution.** **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DILLON, WILLIAM J. 709 NORTH EGLIN PARKWAY FT. WALTON BEACH, FL
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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: *William J. Dillon* May 1, 2006 850-862-5600

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