


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-04-2006 90143 036 ****61.25

DOCUMENT # N05000002813					
1. Entity Name WILLIAM E. SHAW, JR. FAMILY FOUNDATION, INC.					
Principal Place of Business 2583 HUNT CLIFF LANE PANAMA CITY FL 32405		Mailing Address 2583 HUNT CLIFF LANE PANAMA CITY FL 32405			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2565651 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SCOTT, MICHAEL 2583 HUNT CLIFF LANE PANAMA CITY FL 32405			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHAW, WILLIAM E JR.		NAME		
STREET ADDRESS	P.O. BOX 729		STREET ADDRESS	2911 S. Hwy. 77	
CITY-ST-ZIP	LYNN HAVEN FL 32444		CITY-ST-ZIP	Lynn Haven, FL 32444	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHAW ATKINSON, LISA		NAME		
STREET ADDRESS	P.O. BOX 729		STREET ADDRESS	2911 S. Hwy. 77	
CITY-ST-ZIP	LYNN HAVEN FL 32444		CITY-ST-ZIP	Lynn Haven, FL 32444	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHAW, WILLIAM EDWARD		NAME		
STREET ADDRESS	P.O. BOX 729		STREET ADDRESS	2911 S. Hwy. 77	
CITY-ST-ZIP	LYNN HAVEN FL 32444		CITY-ST-ZIP	Lynn Haven, FL 32444	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHAW, PEGGY K		NAME		
STREET ADDRESS	P.O. BOX 729		STREET ADDRESS	2911 S. Hwy. 77	
CITY-ST-ZIP	LYNN HAVEN FL 32444		CITY-ST-ZIP	Lynn Haven, FL 32444	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCOTT, MICHAEL		NAME		
STREET ADDRESS	2583 HUNT CLIFF LANE		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32405		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: <i>William E Shaw, Jr.</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 3/28/06 Daytime Phone #: 850 763 4300	

ATTACHMENT

660 12170



CARR, RIGGS & INGRAM, LLC

2583 Huntcliff Lane
Panama City, FL 32405
P.O. Box 149
Panama City, FL 32402

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F | 850 785 7188

www.cricpa.com

April 20, 2006

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: William E. Shaw, Jr. Family Foundation, Inc.
Ref. #: N05000002813

To Whom It May Concern:

In response to the attached notice regarding the annual report/uniform business report for the above named entity, we are returning the report with our client's FEIN printed in Box 4. We apologize for this oversight and any confusion that it may have caused.

Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink that reads "Michael Scott, CPA".

Michael Scott, CPA
Carr, Riggs & Ingram, LLC

Enclosure

American Institute of
Certified Public Accountants

Alabama Society of
Certified Public Accountants

Florida Institute of
Certified Public Accountants

Georgia Society of
Certified Public Accountants

Mississippi Society of
Certified Public Accountants

AICPA Alliance for CPA Firms

Center for Public
Company Audit Firms