


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000018696</b>	
1. Entity Name WILLIAM L. WHITACRE & ASSOCIATES, P.A.	

Principal Place of Business 1000 UNIVERSAL STUDIOS PLAZA BUILDING 22A SUITE 247 ORLANDO, FL 32819-7610	Mailing Address 1000 UNIVERSAL STUDIOS PLAZA BUILDING 22A SUITE 247 ORLANDO, FL 32819-7610
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02142006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3626219	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  WHITACRE, WILLIAM 1000 UNIVERSAL STUDIOS PLAZA BUILDING 22A SUITE 247 ORLANDO, FL 32819-7610
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**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 reinstalling) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	PST WHITACRE, WILLIAM L 1000 UNIVERSAL STUDIOS PLAZA BLDG 22A #247 ORLANDO, FL 328197610
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02/20/06-80055-012 150.00

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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:** *W.L. Whitacre* **W.L. WHITACRE PST 2/14/06 1079631000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #