

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000085816

1. Entity Name  
WILLIAM DRISCOLL, INC.



Principal Place of Business  
12659 NEW BRITTANY BLVD.  
FT. MYERS, FL 33907

Mailing Address  
12659 NEW BRITTANY BLVD.  
FT. MYERS, FL 33907



04202005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1144109

Applied For  
Not Applicable

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

**5. Name and Address of Current Registered Agent**

DRISCOLL, WILLIAM  
12659 NEW BRITTANY BLVD.  
FT. MYERS, FL 33907

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME DRISCOLL, WILLIAM  
STREET ADDRESS PO BOX 372  
CITY-ST-ZIP ALVA, FL 33920

TITLE D  
NAME DRISCOLL, DAVID  
STREET ADDRESS PO BOX 372  
CITY-ST-ZIP ALVA, FL 33920

TITLE D  
NAME DRISCOLL, ROBERT  
STREET ADDRESS 1941 BROWN RD.  
CITY-ST-ZIP ALVA, FL 33920

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

U000000326215  
04/23/05-80047-012 150.00

**DO NOT WRITE  
IN THIS SPACE**