

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000085816

Entity Name: WILLIAM DRISCOLL, INC.

FILED
Jan 24, 2006
Secretary of State

Current Principal Place of Business:

12659 NEW BRITTANY BLVD.
FT. MYERS, FL 33907

New Principal Place of Business:

2300 JOEL BLVD
ALVA, FL 33920

Current Mailing Address:

12659 NEW BRITTANY BLVD.
FT. MYERS, FL 33907

New Mailing Address:

P O BOX 372
ALVA, FL 33920

FEI Number: 65-1144109

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DRISCOLL, WILLIAM
1464 ARCHER ST
LEHIGH ACRES, FL 33972 US

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.

SIGNATURE:

01/24/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DRISCOLL, WILLIAM
Address: PO BOX 372
City-St-Zip: ALVA, FL 33920

Title: D () Delete
Name: DRISCOLL, DAVID
Address: PO BOX 372
City-St-Zip: ALVA, FL 33920

Title: D () Delete
Name: DRISCOLL, ROBERT
Address: 1941 BROWN RD.
City-St-Zip: ALVA, FL 33920

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DRISCOLL, WILLIAM
Address: PO BOX 372
City-St-Zip: ALVA, FL 33920

Title: V (X) Change () Addition
Name: DRISCOLL, DAVID
Address: PO BOX 372
City-St-Zip: ALVA, FL 33920

Title: S (X) Change () Addition
Name: DRISCOLL, ROBERT
Address: 1941 BROWN RD.
City-St-Zip: ALVA, FL 33920

Title: T () Change (X) Addition
Name: DRISCOLL, RHONDA
Address: P O BOX 372
City-St-Zip: ALVA, FL 33920

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM DRISCOLL

P

01/24/2006

Electronic Signature of Signing Officer or Director

Date