

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90129 044 \*\*\*158.75

**DOCUMENT # P03000109940**

1. Entity Name

**WILLIAM F. WORTMAN JR., INC.**



Principal Place of Business

**5558 LALINDA  
BROWARD FL 33063**

Mailing Address

**5558 LALINDA  
BROWARD FL 33063**



2. Principal Place of Business

**745 SW Hogan St.**

Suite, Apt. #, etc.

**Port St. Lucie Fl.**

City & State

3. Mailing Address

**745 SW Hogan St.**

Suite, Apt. #, etc.

**Port St. Lucie Fl.**

City & State

1st MOORE

CR2E034 (10/05)

4. FEI Number

**20-0288660**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

Zip

**34983**

Country

**St Lucie**

Zip

**34983**

Country

**St Lucie**

6. Name and Address of Current Registered Agent

**WORTMAN, WILLIAM F JR  
599 SW 130TH TERRACE  
DAVIE FL 33325**

7. Name and Address of New Registered Agent

Name

**Wortman William F Jr.**

Street Address (P.O. Box Number is Not Acceptable)

**745 SW Hogan St**

City

**Port St Lucie**

FL

Zip Code

**34983**

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 consolidating)

DATE

**3/15/06**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D,P	<input type="checkbox"/> Delete
NAME	<b>WORTMAN, WILLIAM F JR.</b>	
STREET ADDRESS	<b>599 SW 130TH</b>	
CITY-ST-ZIP	<b>DAVIE FL 33325</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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]*

**William F Wortman Jr. Pres.**

**3/15/06**

**954-775-4370**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #