2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 13, 2006 08:00 AM DOCUMENT # P03000128495 **Secretary of State** 1. Entity Name WILLIAM M. COREY, INC. Principal Place of Business Mailing Address 321 NORTH "M" STREET LAKE WORTH FL 33460 321 NORTH "M" STREET LAKE WORTH FL 33460 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State City & State 92-0181000 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COREY, WILLIAM M Street Address (P.O. Box Number is Not Acceptable) 321 NORTH "M" STREET LAKE WORTH FL 33460 City 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 Signature, typers or printed name of registered agress and little if applicable (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May 🖰 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE CCEO ☐ Detete TILLE Change ☐ Access NAME COREY, WILLIAM M NAME U000000464940 STREET ADDRESS 321 NORTH "M" STREET STREET ADDRESS 03/22/06-80015-015 150.00 CITY-SI-ZIP LAKE WORTH FL 33460 CITY-ST-ZIP TITLE VS ☐ Delete TITLE ☐ Change □ Additio NAME COREY, BRENDA E NAME STREET ADDRESS 321 NORTH "M" STREET STITLET ACCORESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33460 ☐ Change ☐ Add\*\*\* TATLE ☐ Detete HILLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete A.A.A. TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70 CITY-ST-70P TITLE ☐ Delete [] Change □ Adi. T)T) E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change A. TISLE NAME NAME STREET ADDRESS STREET ATIONESS CITY-ST-ZIP CITY-S7-ZIP

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119, Florida Statutes. I further certify that the informatic indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or direction 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.

WILLIAM M. COREY 3-10-06 (561) 588-1818

if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

**FILED**