2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 19, 2005 08:00 AM **DOCUMENT # P03000137759 Secretary of State** Entity Name WILLIAM GREGORY RECTOR, INC. Principal Place of Business Mailing Address 916 ALECON DRIVE 916 ALECON DRIVE ORLANDO, FL 32808 ORLANDO, FL 32808 02202005 No Cho-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 43-2035964 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent A1A REGISTERED AGENT INC. DO NOT WRITE 92 SADBERRY ROAD QUINCY, FL 32351 IN THIS SPACE 3. 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, typed or printed nerte of registered agent and title if applicable. (NCTE: Registered Agent superties required when repetiting) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 15 \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. n TITLE NAME RECTOR, WILLIAM G STREET ADDRESS 916 ALECON DRIVE CTY-ST-7P ORLANDO, FL 32808 000000315228 04/13/05-80028-001 158.75 TITLE STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE THE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS COY-ST-ZIP

12. I toreby cortify that the information supplied with this filling 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.

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SIGNATURE:

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE/FOR OR DIRECTOR

407-293-26 Departe Priore

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