

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 12, 2007 08:00 AM
Secretary of State**

DOCUMENT # P03000137759

1. Entity Name

WILLIAM GREGORY RECTOR, INC.



Principal Place of Business

916 ALECON DRIVE
ORLANDO, FL 32808

Mailing Address

916 ALECON DRIVE
ORLANDO, FL 32808

DO NOT WRITE IN THIS SPACE



02072007 No Chg-P CR2E034 (11/05)

4. FEI Number

43-2035964

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

A1A REGISTERED AGENT INC.
92 SADBERRY ROAD
QUINCY, FL 32351

**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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RECTOR, WILLIAM G
916 ALECON DRIVE
ORLANDO, FL 32808

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

U000000633966
02/21/07-80083-028 8.75

U000000633966
02/21/07-80083-029 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

William Gregory Rector
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/07

407-293-2631
Daytime Phone #