

2005 FOR PROFIT CORPORATION ANNUAL REPORT



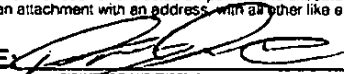
9/12/2005-90006-005-\$150.00-\$150.00

FILED

2005 OCT 21 PM 12: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JU000033

DOCUMENT # P04000016602			
1. Entity Name WILLIAM D. WISE, JR. INCORPORATED			
Principal Place of Business 220 RENTZ AVE PENSACOLA, FL 32507 US		Mailing Address 220 RENTZ AVE PENSACOLA, FL 32507 US	
2. Principal Place of Business 220 Rentz Ave Suite, Apt. #, etc.		3. Mailing Address 220 Rentz Ave. Suite, Apt. #, etc.	
City & State Pensacola FL		City & State Pensacola, Florida	
Zip 32507		Zip 32507	
Country USA		Country U.S.A.	
4. FEI Number 51-0496258		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WISE, WILLIAM D JR 220 RENTZ AVE PENSACOLA, FL 32507		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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:  DATE: 9-4-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WISE, WILLIAM D JR. 220 RENTZ AVE. PENSACOLA, FL 32507 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MANN, ETHAN S 8512 ALTA VISTA DR. PENSACOLA, FL 32526 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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 empowerments.			
SIGNATURE:  WILLIAM D. WISE, JR.		DATE: 9/4/05 450.393.2250	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

M/25
00