


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90100 028 ***150.00

DOCUMENT # P04000069357

1. Entity Name
 WILLIAM V. TEW, JR., INC.



Principal Place of Business
~~1810 MARTHA LANE~~
 LYNN HAVEN, FL 32444

Mailing Address
 3733 BAYTREE RD
 LYNN HAVEN, FL 32444

60036747

2. Principal Place of Business
 3733 Baytree Rd

3. Mailing Address
 Suite, Apt. #, etc.



01262006 Chg-P CR2E034 (11/05)

City & State
 Lynn Haven, FL

City & State
 Lynn Haven, FL

Zip
 32444

Country
 Bay

4. FEI Number
 36-4553085

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TEW, WILLIAM V. JR.
~~1810 MARTHA LANE~~
 LYNN HAVEN, FL 32444

7. Name and Address of New Registered Agent

Name
 Tew, William V. Jr.

Street Address (P.O. Box Number is Not Acceptable)
 3733 Baytree Rd.

City
 Lynn Haven FL 32444

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 William V. Tew, Jr. DATE 4/17/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME TEW, WILLIAM V JR.	
STREET ADDRESS 3733 BAYTREE RD	
CITY-ST-ZIP LYNN HAVEN, FL 32444	
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
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	
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	

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 V. Tew, Jr. Inc. DATE 4/17/06 DAYTIME PHONE # 850-622-2052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR