## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

Principal Place of Business  1973 BAYTER ED  LYNN HAVEN, FL 32444	DOCUMENT # P04000069357  1. Entity Name WILLIAM V. TEW, JR., INC.					04-19-2006 90100 028 ***150.00			
2. Pingspale Benefit   Seath   Sale   April	Principal Place of Business Mailing Address								
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Ci									
City & State  City & State  City & State  City & State  Applied for State  Applied for State  Applied for State  Applied for State  See Required  Additional real Required Agent  T. Name and Address of New Registered Agent  T. Name and Address of	2. Principal Place of Business 3. Mailing Address								
Signarum Fee is statement for the purpose of changing its registered agent of ingistered agent for digistered agent or digistered agent for digistered agent for digistered agent or digistered agent for digistered agent or digistered agent for digistered agent f	Suite, Apt. #, etc. Suite, Apt. #, etc.				01262006	Chg-P	CR2E034 (11/05	•	
Signature Policies of Country   S. Certificate of Status Desired   St. 75 Additional Fee Required   S. Name and Address of Country   S. Certificate of Status Desired   See Required   Fee Required   See Required   Fee Required   Steel Address of New Registered Agent   TEW, WILLIAM V.   Street Address (P.d. Box Number is Not Acceptable)   TEW, WILLIAM V.   Street Address (P.d. Box Number is Not Acceptable)   TEW, WILLIAM V.   Street Address (P.d. Box Number is Not Acceptable)   TEW, WILLIAM V.   Street Address (P.d. Box Number is Not Acceptable)   TEW, WILLIAM V.   Street Address (P.d. Box Number is Not Acceptable)   TEW, WILLIAM V.   Street Address (P.d. Box Number is Not Acceptable)   TEW, WILLIAM V.   Street Address (P.d. Box Number is Not Acceptable)   TEW, WILLIAM V.   Street Address (P.d. Box Number is Not Acceptable)   TIME   Deside   Make   Street Address (P.d. Box Number is Not Acceptable)   TIME   Deside   Make   Street Address (P.d. Box Number is Not Acceptable)   TIME   Deside   Make   Street Address (P.d. Box Number is Not Acceptable)   TIME   Deside   Make   Street Address (P.d. Box Number is Not Acceptable)   TIME   Deside   Make   Street Address (P.d. Box Number is Not Acceptable)   TIME   Deside   Make   Street Address (P.d. Box Number is Not Acceptable)   TIME   Deside   Make   Street Address (P.d. Box Number is Not Acceptable)   TIME   Deside   Make   Street Address (P.d. Box Number is Not Acceptable)   TIME   Deside   Make   Street Address (P.d. Box Number is Not Acceptable)   TIME   Deside   Make   Deside	City & State City & State			• 18			<b>⊢</b>	• •	
TEW, WILLIAM V-R. 16-10 MARCHETA LANE 18-10 MA	200		Zip	Country		***	\$8.75 Ac	Iditional	
TEW, WILLIAM JAR 1640 MARDUTA LANE LYNDHAVEN, PT-9244  3133 BOATEC BO  TWAN HOUSE FL 3009444  3. The above named entity submiss this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida, J am familiar with, and scoept the obligations of registered agent.  SIGNATURE  FILE NOWNII FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  PICE Inspatency Agent separator required when revesaining to DATE  FILE NOWNII FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  PICE Inspatency Agent separator required when revesaining to DATE  FILE NOWNII FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  PICE Inspatency Agent separator required when revesaining to DATE  FILE NOWNII FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  PICE Inspatency Agent separator required when revesaining to DATE  TITLE  D  TITLE  D  TITLE  D  TITLE  D  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  CARDONS  CITY-ST-2P  TITLE  CARDONS  CITY-ST-2P  TITLE  CARDONS  CITY-ST-2P  TITLE  CARDONS  CARDONS	700	6. Name and Address of Current	Registered Agent		7. Name and	Address of New	· · · · · · · · · · · · · · · · · · ·		
Street Address (P.O. Box Number is Not Acceptable)  3.133 Box + rec Bo.  Qiv nn Haven FL 32444  3.133 Box + rec Bo.  Qiv nn Haven FL 32444  3.133 Box + rec Bo.  Qiv nn Haven FL 32444  3.133 Box + rec Bo.  Qiv nn Haven FL 32444  3.133 Box + rec Bo.  Qiv nn Haven FL 32444  3.133 Box + rec Bo.  Qiv nn Haven FL 32444  3.133 Box + rec Bo.  Qiv nn Haven FL 32444  3.133 Box + rec Bo.  Qiv nn Haven FL 32444  DATE  DEED TO CHARGE IT STOOM AND BOTTON STOOM AND BOTTON STOOM BOTTO					W. Wil	v. William V. Jr.			
8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida, a am lamiliar with, and accept the obligations of registered agent.  SIGNATURE    Signature product owns of registered agent   Signature products of a special products of the special produ	1840 MARTHA LANE Street Address				ess (P.O. Box Numb	er is Not Acceptal	ole)		
8. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, hyperic protect agent in the state of the interest in the state of the interest in the state of purposes agent and state of application.   10	LYNDHAVEN, FE SAMA				3 Bay	tree	Rd.		
THE Obligations of registered agent.  SIGNATURE  Signature, tyred or period name of registered agent and side of apokable. (NOTE: Registered Agent signature required when reinstature)  PILE NOWITH FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT ILLE  TITLE  NAME  SIREET ADDRESS  CITY-S1-2P  LYNN HAVEN, FL 32444  Delete  TITLE  DELET ADDRESS  CITY-S1-2P  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-S1-2P  TITLE  Delete  TITLE	9 June 1					en	FL 36	2444	
SIGNATURE   Signature   Speaker   Sp									
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After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.	SIGNATURE VIVA VIVA VIVA								
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12. It hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNA GOFFICER OR DIRECTOR

4/17/06 Date

850.622.2052