

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000105685

1. Entity Name
WILLIAM W. GORMAN, P.A.



**FILED
May 01, 2006 8:00 am
Secretary of State**

05-01-2006 90423 039 ***150.00

Principal Place of Business
86 MOUNTAIN TOP DUNE DRIVE
SANTA ROSA BEACH, FL 32459

Mailing Address

86 MOUNTAIN TOP DUNE DRIVE
SANTA ROSA BEACH, FL 32459

2. Principal Place of Business

86 Mountain Top Dune Dr

Suite, Apt. #, etc.

3. Mailing Address

86 Mountain Top Dune Dr

Suite, Apt. #, etc.

40001

04282006 Chg-P CR2E034 (11/05)

4. FEI Number
20-1401866

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRAD CONGLETON CPA, INC
50 UPTOWN GRAYRON CIRCLE
15
SANTA ROSA BEACH, FL 32459

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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GORMAN, WILLIAM W 86 MOUNTAIN TOP DUNE DRIVE SANTA ROSA BEACH, FL 32459	<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 GORMAN, GREEN 86 MOUNTAIN TOP DUNE DRIVE SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GORMAN, GREEN 86 MOUNTAIN TOP DUNE DRIVE SANTA ROSA BEACH, FL 32459
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/06
Daytime Phone #