



2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90423 039 ***150.00

DOCUMENT # P04000105685					
1. Entity Name WILLIAM W. GORMAN. P.A.					
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.			
City & State Santa Rosa Beach FL		City & State Santa Rosa Beach FL		4. FEI Number 20-1401866	
Zip 32459		Country Walton		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRAD CONGLETON CPA, INC 50 UPTOWN GRAYRON CIRCLE 15 SANTA ROSA BEACH, FL 32459			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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME GORMAN, WILLIAM W STREET ADDRESS 86 MOUNTAIN TOP DUNE DRIVE CITY-ST-ZIP SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete		TITLE VP NAME GORMAN, GREEN STREET ADDRESS 86 MOUNTAIN TOP DUNE DRIVE CITY-ST-ZIP SANTA ROSA BEACH FL 32459	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME GORMAN, GREEN STREET ADDRESS 86 MOUNTAIN TOP DUNE DRIVE CITY-ST-ZIP SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete		TITLE VP NAME GORMAN, GREEN STREET ADDRESS 86 MOUNTAIN TOP DUNE DRIVE CITY-ST-ZIP SANTA ROSA BEACH FL 32459	<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	
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: _____			Date 4/28/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					