

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90200 001 ***150.00

DOCUMENT # P04000146949

1. Entity Name

WILLIAM PAUL HOAK, P.A.



Principal Place of Business

4327 S PENINSULA DR
PONCE INLET FL 32127

Mailing Address

4327 S PENINSULA DR
PONCE INLET FL 32127



2. Principal Place of Business

5601 Turtle Bay Dr

Suite, Apt. #, etc.

100

3. Mailing Address

5601 Turtle Bay Dr

Suite, Apt. #, etc.

100

1st MOORE

CR2E034 (10/05)

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

90-0213711

Applied For

Not Applicable

Zip

34108

Country

USA

Zip

34108

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOAK, WILLIAM P
4327 S. PENINSULA DR
PORT ORANGE FL 32127

7. Name and Address of New Registered Agent

Name

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

5601 Turtle Bay Dr. # 100

City

Naples

FL

Zip Code

34108

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]
Signature, typed or printed name of registered agent and title if applicable

William P. HOAK

(NOTE: Registered Agent signature required when reinstating)

DATE

4-8-06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
HOAK, WILLIAM PAUL
4327 S. PENINSULA DR
PONCE INLET FL 32127 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5601 Turtle Bay Dr. #100
Naples, FL 34108 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

William P. HOAK

Date

4-8-06

Daytime Phone #

239-254-9160