


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90061 007 ***150.00

DOCUMENT # P05000002115	
1. Entity Name WILLIAM W. CALDWELL, P.A.	

Principal Place of Business 756 BEACHLAND BOULEVARD VERO BEACH, FL 32963	Mailing Address 756 BEACHLAND BOULEVARD VERO BEACH, FL 32963
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2. Principal Place of Business 2125 Windward Way	3. Mailing Address 2125 Windward Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Vero Beach, FL	City & State Vero Beach, FL
Zip 32963	Country USA



01032006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2067870	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CALDWELL, WILLIAM W 756 BEACHLAND BOULEVARD VERO BEACH, FL 32963	7. Name and Address of New Registered Agent Name (Same R.A. - new address) Street Address (P.O. Box Number is Not Acceptable) 2125 Windward Way City Vero Beach FL Zip Code 32963
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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 *W W Caldwell* DATE 2/3/06

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition William W. Caldwell 2125 Windward Way Vero Beach, FL 32963 <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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE 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: *W W Caldwell* DATE 2/3/06 772-231-6540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #