

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90470 003 ***150.00

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04262006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000032947 1. Entity Name WILLIAM H STENCIL, P.A.					
Principal Place of Business 5139 SW 3RD AVENUE CAPE CORAL, FL 33914 US			Mailing Address 5139 SW 3RD AVENUE CAPE CORAL, FL 33914 US		
2. Principal Place of Business BIRCHWOOD REALTY, INC		3. Mailing Address 			
Suite, Apt. #, etc. 4040 DEL PRADO BLVD.		Suite, Apt. #, etc. 			
City & State CAPE CORAL FL.		City & State 			
Zip 33904	Country USA	Zip 	Country 	4. FEI Number 	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent STENCIL, WILLIAM H 5139 SW 3RD AVENUE CAPE CORAL, FL 33914			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <i>William A Stencil</i> <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 40%; text-align: right;"> APRIL 24 2006 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		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 NAME STREET ADDRESS CITY-ST-ZIP	PVST STENCIL, WILLIAM H 5139 SW 3RD AVENUE CAPE CORAL, FL 33914		<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"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE: <i>William A Stencil</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 20%; text-align: center;"> WILLIAM H STENCIL </div> <div style="width: 40%; text-align: right;"> 4/29/2006 <small>Date</small> </div> </div> <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <div style="text-align: right;"> 239-542-4399 <small>Daytime Phone #</small> </div> </div>					