

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90104 050 ***150.00

DOCUMENT # P05000065911					
1. Entity Name WILLIAM DEYO INC					
Principal Place of Business 642 CLIFTON STREET IMMOKALEE, FL 34143			Mailing Address 642 CLIFTON STREET IMMOKALEE, FL 34143		
2. Principal Place of Business 642 Clifton Rd		3. Mailing Address P.O. Box 5204			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Immokalee FL		City & State Immokalee FL		4. FEI Number 20-2812465	
Zip 34142		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip 34143		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEYO, WILLIAM 642 CLIFTON STREET IMMOKALEE, FL 34143			7. Name and Address of New Registered Agent Name I Street Address (P.O. Box Number is Not Acceptable) 642 Clifton Rd City Immokalee FL Zip Code 34142		
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) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <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/S NAME DEYO, WILLIAM STREET ADDRESS 642 CLIFTON STREET CITY-ST-ZIP IMMOKALEE, FL 34143	<input type="checkbox"/> Delete		TITLE P/S William Deyo NAME 642 Clifton Rd STREET ADDRESS Immokalee - FL - 34142 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME BOURLAND, JOHN D STREET ADDRESS 309 ADAMS AVENUE W CITY-ST-ZIP IMMOKALEE, FL 34142	<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	
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: <i>William Deyo</i>			1-17-06 (239) 290-8011		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		