2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 24, 2006 08:00 AN Secretary of State DOCUMENT # P05000104907 1. Entity Name WILLIAM FRANKLIN GORMAN, P.A. Mailing Address Principal Place of Business 3241 DUNAWAY LANE PENSACOLA FL 32526 7203 PINE FOREST ROAD PENSACOLA FL 32526 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Zip Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name GORMAN, FRANK Street Address (P.O. Box Number is Not Acceptable) 7203 PINÉ FOREST ROAD PENSACOLA FL 32526 Zip Code City 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, typed or printed name of registered agent and life if applicable (NOTE Registered Agent signature remained when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10, ☐ Change TITLE Delete TITLE NAME GORMAN, FRANK NAME U00000527269 05/04/06-80105-022 150.00 7203 PINE FOREST ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32526 Delete Addition TITLE THIF HAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delote Change Addition TITLE TATLE NAME STREET ADDRESS STREET ADDRESS CITY -SY-ZIP CITY-SI-ZIP Addition Change ☐ Delete TITLE TILLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Delete ☐ Change Addition HTIF NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY - ST - ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP

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if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Man June of Carolina Commun. 1900 (850)(944-35)

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