## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000137997

1. Entity Name

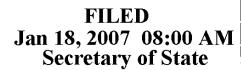
WILLIAM W. SEARS, C.P.A., P.A.



Principal Place of Business

6160 NTH DAVIS HWY SUITE 7 PENSACOLA, FL 32504 Maiting Address

6160 NTH DAVIS HWY SUITE 7 PENSACOLA, FL 32504



Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SEARS, WILLIAM W 6160 NTH DAVIS HWY SUITE 7 PENSACOLA, FL 32504 DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accepted the obligations of registered agent.  SIGNATURE    Signature typed or punied name of registered agent and late of applicable. (NOTE: Registered Agent signature required when reinstating)  Part    Part	
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  OFFICERS AND DIRECTORS  TITLE  PAMME SEARS, WILLIAM W SIREEI ADDRESS CITY-ST-ZIP  Signature. typed or printed name of registered agent and bitle if applicable. (NOTE: Registered Agent signature required when reinstating)  9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Ba Added to Fees  Added to Fees  10.  U00000590137  01/18/07-80045-006 150.00  TITLE  NAME STREET ADDRESS CITY-ST-ZIP	ccept
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees  10. OFFICERS AND DIRECTORS  III'LE PAME SEARS, WILLIAM W SIREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32504  III'LE NAME STREET ADDRESS CITY-ST-ZIP	_
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12. I nereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/07 853-479-1040