


**2006 FOR PROFIT CORPORATION,
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000046392		
1. Entity Name WILLIAM D. SHIVELY, INC.		
Principal Place of Business 3213 ALCOTT AVE. PLANT CITY, FL 33526 US		Mailing Address 3213 ALCOTT AVE. PLANT CITY, FL 33526 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SHIVELY, WILLIAM D 3213 ALCOTT AVE. PLANT CITY, FL 33526		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>		
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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SHIVELY, WILLIAM D 3213 ALCOTT AVE. PLANT CITY, FL 33526	
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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 D. Shively</i> <i>William D. Shively</i> <i>pres.</i> <i>1/9/06</i> <i>813 546 5105</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0500627	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/13/06-80008-002 150.00

**DO NOT WRITE
IN THIS SPACE**