

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90034 011 \*\*\*150.00

DOCUMENT # P95000000327

1. Entity Name  
BILL GANN AGENCY, INC.



Principal Place of Business

38 MIRACLE STRIP PKWY., SUITE 6  
FT. WALTON BEACH, FL 32548

Mailing Address

38 MIRACLE STRIP PKWY., SUITE 6  
FT. WALTON BEACH, FL 32548

184 NE Egin Pkwy, Suite 3  
Ft. Walton Beach, FL 32548

184 N.E. Egin Pkwy Suite 3  
Ft. Walton Beach, FL 32548



01082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3298125

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GANN, WILLIAM C  
930 SHALIMAR POINTE DR  
SHALIMAR, FL 32579

**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 William C Gann

Signature, typed or printed name of registered agent and title if applicable

BROKER/OWNER

(NOTE: Registered Agent signature required when reinstating)

03/10/2004

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D BROKER/OWNER  
NAME GANN, WILLIAM C  
STREET ADDRESS 5 LAGUNA ST #201  
CITY-ST-ZIP SHALIMAR, FL 32579 FT WALTON BEACH, FL

TITLE  
NAME Mr. William C. Gann 32548  
STREET ADDRESS 5 Laguna St Unit 201  
CITY-ST-ZIP Ft. Walton Bch., FL 32548-3621

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: William C Gann WILLIAM C. GANN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/04/2004

Date

(850) 664-0661

Daytime Phone #