


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Feb 09, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P95000092127**  
 1. Entity Name  
 WILLIAM H. MCANNALLY, IV, P.A.



Principal Place of Business  
 420 W BRANDON BLVD.  
 STE 202  
 BRANDON, FL 33511 US

Mailing Address  
 420 W BRANDON BLVD.  
 STE 202  
 BRANDON, FL 33511 US

**DO NOT WRITE IN THIS SPACE**



02062006 No Chg-P CR2E034 (11/05)

4. FEI Number  
 59-3345702 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 MCANNALLY, WILLIAM H IV  
 420 W BRANDON BLVD.  
 STE 202  
 BRANDON, FL 33511

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

|                |                             |
|----------------|-----------------------------|
| TITLE          | D                           |
| NAME           | MCANNALLY, WILLIAM H IV     |
| STREET ADDRESS | 420 W. BRANDON BLVD STE 202 |
| CITY-ST-ZIP    | BRANDON, FL 33511           |
| 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    |                             |

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 02/20/06-80061-024 150.00

**DO NOT WRITE IN THIS SPACE**

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 reports 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 filers registered.

SIGNATURE: William H. McAnnally IV Pres. Feb 4, 06 813 653-071  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

*William H. McAnnally IV Pres. Feb 4, 06 813 653-071 AS Pres.*