


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 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**



1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #
 State, Apt #, etc

3. Mailing Address
 State, Apt #, etc

City & State

4. FEI Number **59-3345702**

Applied For
 Not Applicable

Zip Country

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature typed or printed name of registered agent (if applicable) (NOTE: Registered Agent and date required when submitting)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	MCANNALLY, WILLIAM H IV
STREET ADDRESS	420 W. BRANDON BLVD STE 202
CITY - ST - ZIP	BRANDON FL 33511
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	00000814700
CITY - ST - ZIP	02/13/08-80054-023 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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

SIGNATURE: _____ *William H. McAnnally IV President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR