## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P97000053725**

1. Entity Name

WILLIAM CALLAHAN MARKETING RESEARCH, INC.



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

Principal Place of Business

2000 S OCEAN BV

706 DELRAY BEACH, FL 33483 Mailing Address

2000 S OCEAN BV

DELRAY BEACH, FL 33483



01052006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0765900

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CALLAHAN, WILLIAM J 2000 S OCEAN BV 706

DELRAY BEACH, FL 33483

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the $\boldsymbol{\rho}$ ions of registered agent.	urpose of changing its registers	ed affice or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required whon reinstating) DATE					
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALLAHAN, WILLIAM J 2000 S OCEAN BV 706 DELRAY BEACH, FL 33483	TORS			//00000383076 01/12/06-80038-017 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
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 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: Nuhim

TILL NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-330-2282