

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90021 033 ***150.00

DOCUMENT # P97000101192
 1. Entity Name
WILLIAM W. EHMAN, INC.



Principal Place of Business: 11350 METRO PKWY #109 FORT MYERS, FL 33912
 Mailing Address: PO BOX 933 FT MYERS, FL 33902

40004694

2. Principal Place of Business - No P.O. Box #
6360 CORPORATE PARK
 Suite, Apt. #, etc. **CIRCLE #1**

3. Mailing Address
PO BOX 60253
 Suite, Apt. #, etc.



01092008 Chg-P CR2E034 (12/06)

City & State: **FT MYERS FL**

City & State: **FT MYERS FL**

4. FEI Number: **65-0797329**
 Applied For: Not Applicable

Zip: **33900** Country: **USA**

Zip: **33906** Country: **USA**

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

6. Name and Address of Current Registered Agent
EHMAN, WILLIAM W
11350 METRO PKWY #109
FORT MYERS, FL 33912

7. Name and Address of New Registered Agent
 Name: **William W. EHMANN**
 Street Address (P.O. Box Number is Not Acceptable):
6360 CORPORATE PARK CIRCLE #1
 City: **FT MYERS FL** Zip Code: **33906**

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 W. Ehmman* **WILLIAM W. EHMANN** 1/10/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	<input type="checkbox"/> Delete
NAME	EHMAN, WILLIAM W	
STREET ADDRESS	11350 METRO PKWY #109	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	EHMAN, DONNA	
STREET ADDRESS	11350 METRO PKWY #109	
CITY-ST-ZIP	FORT MYERS, FL 33912	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EHMAN, WILLIAM W	
STREET ADDRESS	6360 CORPORATE PARK CIRCLE #1	
CITY-ST-ZIP	FT MYERS FL 33906	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EHMAN, DONNA	
STREET ADDRESS	6360 CORPORATE PARK CIRCLE #1	
CITY-ST-ZIP	FT MYERS FL 33906	
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 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: *William W. Ehmman* **WILLIAM W. EHMANN** 1/10/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #