

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90144 046 ***150.00

DOCUMENT # P98000107904
 1. Entity Name
 WILLIAM P. BATTAGLIA, P.A.



Principal Place of Business
 250 PARK AVE. SOUTH
 STE 630
 WINTER PARK, FL 32789

Mailing Address
 P.O. BOX 3010
 WINTER PARK, FL 32790-3010

40067955



DO NOT WRITE IN THIS SPACE

04122006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3548239	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BATTAGLIA, WILLIAM P
 250 PARK AVE. SOUTH
 STE. 630
 WINTER PARK, FL 32789

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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 and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BATTAGLIA, WILLIAM P P.O BOX 3010 WINTER PARK, FL 32790
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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: W.P. Battaglia W.P. Battaglia 4/28/06 407-622-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #