

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000003815

1. Entity Name
WILLIAM C. WOLSKE, CPA, P.A.



Principal Place of Business
121 E HIBISCUS BLVD
MELBOURNE, FL 32901

Mailing Address
121 E HIBISCUS BLVD
MELBOURNE, FL 32901

2. Principal Place of Business
1532 N. HARBOR CITY BLVD
Suite, Apt. #, etc.
Suite A

3. Mailing Address
1532 N. HARBOR CITY BLVD
Suite, Apt. #, etc.
Suite A

City & State
MELBOURNE, FLORIDA
Zip
32935
Country
USA

City & State
MELBOURNE, FLORIDA
Zip
32935
Country
USA

08012006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3554029

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WOLSKE, WILLIAM C
121 E HIBISCUS BLVD
MELBOURNE, FL 32901

7. Name and Address of New Registered Agent

Name WILLIAM C. WOLSKE
Street Address (P.O. Box Number is Not Acceptable)
1532 N. HARBOR CITY BLVD, SUITE A
City MELBOURNE FL Zip Code 32935

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 C. Wolske

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/31/06

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WOLSKE, WILLIAM C
STREET ADDRESS 230 MAPLE DR.
CITY-ST-ZIP SATELLITE BEACH, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
700078760337
08/16/06--01011--025 ***61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 C. Wolske, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/31/06 321-242-1032

FILED

06 AUG -4 AM 8:52

STATE OF FLORIDA

