2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # \$37999

1. Entity Name
WILLIAM M. GOLSON & ASSOCIATES ATTORNEYS AT
LAW, CHARTERED



FILED Feb 25, 2005 08:00 AM Secretary of State

Principal Place of Business

1230 S MYRTLE AVE.

Mailing Address

1230 S MYRTLE AVE.

CLEARWATER, FL 33756 US		CLEARWATER, FL 33756	US	}]	ING BIRN DINK NINK NINK DERIK DERIKAN
				02202005 No Chg-P	CR2E034 (10/03)
	O NOT WRITE	in ihis spa	ICE	4. FEI Number 59-3055492	Applied For Not Applicable
				Certificate of Status Desired	\$8.75 Additional
6. Name and Address of Current Registered Agent					
GOLSON, WILLIAM M. 1230 S MYRTLE AVE. STE. 105 CLEARWATER, FL 33756				DO NOT WI IN THIS SP	
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					
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				.00 May Be ed to Fees	
10.	ÖFFICERS AND DI	RECTORS	inggaringgilis		
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CITY-ST-ZIP	CLEARWATER, FL 33756			300000000000000000000000000000000000000	
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CITY-ST-ZIP	The same of the sa	to transition of institute the second		otion (40 07/2)(i) Florida Chabina - 15	urther entity that the information
12. I hereby c	ertily that the information supplied with the	is filing does not quality for the ex	emption stated in Se sture shall have the t	icilor: 119.07(3)(I), Florida Statutes. I i same lenal effect as if made under na	the that I am an officer or director

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as in made under oart, that is find at once of the corporation or the receiver or trustee empowered to execute his 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR