

ORIGINAL

050025-TC

DEPOSIT DATE

5 19 JAN 11 2009

CK# 501
CK# 100.00
+10-05
RT

1. Name of company or name of individual (not fictitious name or d/b/a):
William W. Pastis

2. Name under which applicant will do business (fictitious name, etc.):
William W. Pastis

3. Official mailing address:

Street: 4610 Summer Brook Ct

P.O. Box: _____

City: Orlando

State: Florida Zip: 32818

RECEIVED - FPSC
COMMISSION CLERK
JAN 11 AM 8:57

4. Florida address:

Street: Same As Above

P.O. Box: _____

City: _____

State: _____ Zip: _____

INSTITUTION CENTER
JAN 10 AM 9:30

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- RCA _____
- SCR _____
- SEC 1 _____
- OTH _____

5. Structure of organization:

- Individual
- Corporation
- General Partnership
- Limited Partnership
- Other: _____

Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward deposit information to Records.

Initials of person who forwarded check:
[Signature]

6. If incorporated in Florida, provide proof of authority to operate in Florida:

Florida Secretary of State
Corporate Registration Number: Not Applicable