

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90068 040 ***150.00

DOCUMENT # P03000101685 1. Entity Name WILLY ESPINOZA, P.A.			
Principal Place of Business 1318 LAFAYETTE ST CAPE CORAL, FL 33904		Mailing Address 1318 LAFAYETTE ST CAPE CORAL, FL 33904	
2. Principal Place of Business 1400 Colonial Blvd Suite, Apt. #, etc. Suite 17 Fort Myers, FL 33907 Lee		3. Mailing Address 1400 Colonial Blvd Suite, Apt. #, etc. Suite 17 Fort Myers, FL 33907 Lee	
4. FEI Number 20-0235204		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ESPINOZA, WILLY 1318 LAFAYETTE ST CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1400 Colonial Blvd Ste 17 Fort Myers FL 33907	
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 title if applicable (NOTE: Registered Agent signature required when reconstituting)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D ESPINOZA, WILLY 1318 LAFAYETTE ST CAPE CORAL, FL 33904	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 1400 Colonial Blvd Ste 17 Fort Myers, FL 33907	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date		Daytime Phone #	

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