


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90244 029 ***150.00

DOCUMENT # P03000117777

1. Entity Name
LINDA CHAMBLISS, P.A.




Principal Place of Business Mailing Address
707 SE THIRD AVE STE 101 **707 SE THIRD AVE STE 101**
FT LAUDERDALE FL 33316 **FT LAUDERDALE FL 33316**

2. Principal Place of Business 3. Mailing Address
707 S.E. 3rd Avenue **same**

Suite, Apt. #, etc. Suite, Apt. #, etc.
400 A **same**

City & State City & State
Fort Lauderdale, Fl **same**

Zip Country Zip Country
33316 **USA** **same** **same**



1st MOORE CR2E034 (10/05)

4. FEI Number Applied For
54-2131682 Not Applicable

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

6. Name and Address of Current Registered Agent
CHAMBLISS, LINDA
707 SE THIRD AVE STE 101
FT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

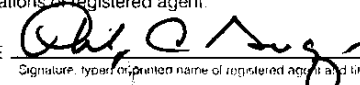
Name
Philip A. DiJaque

Street Address (P.O. Box Number is Not Acceptable)
707 S.E. THIRD AVENUE

SUITE 400

City State Zip Code
FT LAUDERDALE **FL** **33316**

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 **2/3/2006**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	DPVS CHAMBLISS, LINDA 2167 NE 58TH ST FT LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHAMBLISS, LINDA 2167 NE 58TH ST FT LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  Date: **3/6/06** Daytime Phone #: **954-523-2697**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR