### 2006 FOR PROFIT CORPORATION ANNUAL REPORT

# **FILED** Feb 20, 2006 08:00 AM Secretary of State

DOCL	MEN	IT#	K426	79
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1. Entity Name JOEL WEISS, P.A.



Principal Place of Business

Mailing Address

301 WEST SR 434 SUITE 345

301 WEST SR 434

WINTER SPRINGS, FL 32708

SUTTE 345 WINTER SPRINGS, FL 32708



#### 01062006 DO NOT WRITE IN THIS SPACE

4. FEI Number

CR2E034 (11/05)

59-2913695

No Cha-P

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

WEISS, JOEL 1203 WINTER SPGS BLVD WINTER SPRINGS, FL 32708

### DO NOT WRITE IN THIS SDACE

			314	IIIIO OI ACE
	named entity submits this statement for the plant of the	urpose of changing its registered office	or repistered agent, or be	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or protect name of registered egent and tills	Applicable. [NOTE: Registered Agent sign	islets tetrained ক্ষেত্ৰে বহুত্বহালকেই)	- DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		<u> </u>
HTLE Name Street Address Chty-St-Zip	P WEISS, JOEL 1203 WINTER SPGS BLVD WINTER SPRINGS, FL			1100000442395 03774706-80013-015 ISD.00
HILE NAME STREET ADDRESS CHY-ST-ZIP	VS WEISS, CYNTHIA J. 1552 CASA PARK CIRCLE WINTER SPRINGS, FL			

## DO NOT WRITE IN THIS SPACE

STREET ADDRESS CHY-S1-21P STREET ADDRESS CITY-ST-ZOF STREET ADDRESS

12. I hereby certify that the information suggested with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental people 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 eceiver of trestile 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 attact ment with an address, with an other like empowered.

SIGNATURE:

MILE HAME STREET ADDRESS

TITLE

NAME

DELE NAME

C137 - S3 - 217

TYPES OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

1327-1103