

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90025 020 ***158.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000001670

1. Entity Name
JOANNE HILLER & ASSOCIATES OF ISLAND ESTATES, INC.



60004031

Principal Place of Business
**312 WINDWARD ISLAND
CLEARWATER, FL 33767**

Mailing Address
**312 WINDWARD ISLAND
CLEARWATER, FL 33767**

2. Principal Place of Business
132 Island Way
Suite, Apt. #, etc.

3. Mailing Address
110 Island Way
Suite, Apt. #, etc.



01162006 Chg-P CR2E034 (11/05)

City & State
Clearwater, FL
Zip **33767** Country **FI**

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Clearwater, FL
Zip **33767** Country **FI**

4. FEI Number
59-3691544
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**HILLER, JOANNE M
312 WINDWARD ISLAND
CLEARWATER, FL 33767**

7. Name and Address of New Registered Agent
Name **Joanne M. Hiller**
Street Address (P.O. Box Number is Not Acceptable)
110 Island Way
City **Clearwater** **FL** Zip Code **33767**

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 *Joanne M. Hiller* DATE *1/16/06*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV <input type="checkbox"/> Delete HILLER, JOANNE M 312 WINDWARD ISLAND CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HILLER, JOANNE M 110 ISLAND WAY CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joanne M. Hiller* *1/16/06 727 460-5721*