2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

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1. Entity Name MICHAEL L. TILLETT, P.A.



Principal Place of Business

1701 PRESIDENTIAL WAY, A101 WEST PALM BEACH, FL 33401

" Mailing Address

1701 PRESIDENTIAL WAY, A101 WEST PALM BEACH, FL 33401



DO NOT WRITE IN THIS SPACE

01122000	NO ONG-F	CINZEUS4 (11100)
4. FEI Number		+ V = - 1	Applied For
65-0855	526		Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TILLETT, MICHAEL 1701 PRESIDENTIAL WAY UNIT A101 WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

vest palm beach, fl 33401		IN THIS STAGE				
the obligati SIGNATURE	named entity submits this statement for the plans of registered agent. Signature, types or printed name of registered agent and title it.		·	egistered agent, of bo	th, Th the State of Florida. I am familiar	with, and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees	000000383368 01/20/06-80044-005	150.00
10.	OFFICERS AND DIREC	TORS		7 + 7 He +		. <u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS TILLETT, MICHAEL 1701 PRESIDENTIAL WAY A101 WEST PALM BEACH, FL 33401		A.	· · · · · · ·	Secondary Control	.
title Name Street address City-St-Zip	<u>\$</u> .					·
title Name Street Address City-St-Zip	_			DO	NOT WRITE	" :
TITLE NAME STREST ADDRESS GITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS				. , .	19 m	7 47

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119; Florida Statutes 1 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 empewered 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.

CI	K.I	ATI	ID	C .

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CNATURE AND TYPED OR PRINTED WAME OF SIGNING OFFICER OR DIRECTOR

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