


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 25, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000026283**  
 1. Entity Name  
**CLOIE N. WILLIAMS LMHC P.A.**



Principal Place of Business      Mailing Address  
 718 W. DR. MARTIN LUTHER KING JR.,BLVD.      718 W. DR. MARTIN LUTHER KING JR.,BLVD.  
 STE. A      STE. A  
 TAMPA, FL 33603      TAMPA, FL 33603

**DO NOT WRITE IN THIS SPACE**



06092004      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0992185**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**LEWIS, ANNETTE**  
 10825B NW 27TH AVE.  
 MIAMI, FL 33167

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, CLOIE N 718 W. DR. MARTIN LUTHER KING JR., BLVD. TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, SYLVESTER 3119 SOUTH MILLER RD. VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEWIS, ANNETTE CPA 10825B NW 27TH AVE. MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TAYLOR, LAUNTIA 5218 LAURELL POINT VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 08/25/04-80001-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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: Cloie N Williams  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/04      813-685-7303  
Date      Daytime Phone