

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90445 023 ***150.00



DOCUMENT # P01000026283

1. Entity Name
 CLOIE N. WILLIAMS LMHC P.A.

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



2. Principal Place of Business: 1210 Millennium PKWY Suite 1010
 3. Mailing Address: 1210 Millennium PKWY Suite 1010

1st MOORE CR2E034 (10/04)

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

5. Certificate of Status Desired: \$8.75 Additional Fee Required
 Zip: 33511 Country: Hllsbrgh
 Zip: 33511 Country: HLLSBRGH

6. Name and Address of Current Registered Agent: LEWIS, ANNETTE 10825B NW 27TH AVE. MIAMI FL 33167
 7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), Zip Code

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: _____ (NOTE Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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: PD NAME: WILLIAMS, CLIOE N STREET ADDRESS: 718 W. DR. MARTIN LUTHER KING JR., BLVD. CITY-ST-ZIP: TAMPA FL 33603	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: WILLIAMS, SYLVESTER STREET ADDRESS: 3119 SOUTH MILLER RD. CITY-ST-ZIP: VALRICO FL 33594	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: LEWIS, ANNETTE CPA STREET ADDRESS: 10825B NW 27TH AVE. CITY-ST-ZIP: MIAMI FL 33167	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: TAYLOR, LAUNTIA STREET ADDRESS: 5218 LAURELL POINT CITY-ST-ZIP: VALRICO FL 33594	<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: _____	<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: _____	<input type="checkbox"/> Delete	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 exemption stated in Section 119.07(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: CL Williams
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: _____ Daytime Phone #: _____