

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000026283

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



Principal Place of Business

**1210 MILLENNIUM PKWY
STE 1010
BRANDON, FL 33511**

Mailing Address

**1210 MILLENNIUM PKWY
STE 1010
BRANDON, FL 33511**



05222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0992185

Applied For
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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 PD
NAME WILLIAMS, CLOIE N
STREET ADDRESS 718 W. DR. MARTIN LUTHER KING JR., BLVD.
CITY-ST-ZIP TAMPA, FL 33603

TITLE VD
NAME WILLIAMS, SYLVESTER
STREET ADDRESS 3119 SOUTH MILLER RD.
CITY-ST-ZIP VALRICO, FL 33594

TITLE SD
NAME LEWIS, ANNETTE CPA
STREET ADDRESS 10825B NW 27TH AVE.
CITY-ST-ZIP MIAMI, FL 33167

TITLE TD
NAME TAYLOR, LAUNTIA
STREET ADDRESS 5218 LAURELL POINT
CITY-ST-ZIP VALRICO, FL 33594

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000566094
05/25/06-80004-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

C. Lewis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/06
Date

813-685-7303
Daytime Phone #