2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# P01000026283

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

Current Principal Place of Business:

1210 MILLENNIUM PKWY
STE 1010
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

1210 MILLENNIUM PKWY
STE 1010
BRANDON, FL 33511

New Mailing Address:

FEI Number: 65-0992185 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEWIS, ANNETTE
10825B NW 27TH AVE.
MIAMI, FL 33167 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WILLIAMS, CLOIE N
Address: 1210 MILLENNIUM PARKWAY SUITE 1010
City-St-Zip: BRANDON, FL 33511

Title: VD ( ) Delete
Name: WILLIAMS, SYLVESTER
Address: 3119 SOUTH MILLER RD.
City-St-Zip: VALRICO, FL 33594

Title: SD ( ) Delete
Name: LEWIS, ANNETTE CPA
Address: 10825B NW 27TH AVE.
City-St-Zip: MIAMI, FL 33167

Title: TD ( ) Delete
Name: TAYLOR, LAUNTIA
Address: 5218 LAURELL POINT
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SYLVESTER WILLIAMS VD 04/28/2008

Electronic Signature of Signing Officer or Director — Date