

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000026283

**FILED**  
**Feb 03, 2009**  
**Secretary of State**

**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:** CLOIE N. WILLIAMS

PD

02/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date