

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90390 021 ***150.00

DOCUMENT # P02000006961

1. Entity Name
JILL K. SATTERWHITE, P.A.



Principal Place of Business
**1101 GULF BREEZE PARKWAY
SUITE 19
GULF BREEZE, FL 32561 US**

Mailing Address
**1101 GULF BREEZE PARKWAY
SUITE 19
GULF BREEZE, FL 32561 US**

00043306



2. Principal Place of Business
**2205 Reservation Rd.
Suite, Apt. #, etc.**

3. Mailing Address
**2205 Reservation Rd.
Suite, Apt. #, etc.**

03312006 Chg-P CR2E034 (11/05)

City & State
Gulf Breeze, FL 32563
Zip **32563** Country **Santa Rosa**

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Gulf Breeze, FL 32563
Zip **32563** Country **Santa Rosa**

4. FEI Number
03-0378825
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SATTERWHITE, JILL K
1101 GULF BREEZE PARKWAY
SUITE 19
GULF BREEZE, FL 32561**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2205 Reservation Rd.
City **Gulf Breeze** **FL** Zip Code **32563**

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 *Jill K. Satterwhite* *Jill K. Satterwhite* *3/31/06*
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
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SATTERWHITE, JILL K 1101 GULF BREEZE PARKWAY, SUITE 19 GULF BREEZE, FL 32561	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Satterwhite, Jill K 2205 Reservation Rd. Gulf Breeze, FL 32563	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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 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: *Jill K. Satterwhite* *Jill K. Satterwhite* *3/31/06* *850.434-2411*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #