## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000121771

Entity Name: HEALY ADVISORS, INC.

FILED Apr 17, 2006 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**Current Principal Place of Business: New Principal Place of Business:** 

1670 ATLANTIC BOULEVARD 144 TURTLE COVE COURT

JACKSONVILLE, FL 32207 PONTE VEDRA BEACH, FL 32082

**Current Mailing Address: New Mailing Address:** 

144 TURTLE COVE COURT 3387 AH WE WA STREET COCONUT GROVE, FL 33133 PONTE VEDRA BEACH, FL 32082

FEI Number: 54-2083032 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

MICHAEL, JOAN O MICHAEL, JOAN O 669 KINGSLEY AVENUE 144 TURTLE COVE COURT

ORANGE PARK, FL 32073 PONTE VEDRA BEACH, FL 32082 US US

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: 04/17/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

( ) Delete Title:

Title: (X) Change ( ) Addition HEALY, KELLY S HEALY, KELLY S Name: Name: 144 TURTLE COVE COURT 3387 AH WE WA STREET Address: Address:

City-St-Zip: COCONUT GROVE, FL 33133 City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: Title: (X) Change ( ) Addition () Delete Name: BLOCKER, EILEEN G Name: BLOCKER, EILEEN 1670 ATLANTIC BOULEVARD 144 TURTLE COVE COURT Address: Address: JACKSONVILLE, FL 32207 PONTE VEDRA BEACH, FL 32082 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KELLY S. HEALY 04/17/2006 D