


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000129959	
1. Entity Name LISA WILI-SIMMONDS, P.A.	

Principal Place of Business 10401 RAINBOW RIDGE CT WEEKI WACHEE, FL 34613	Mailing Address 10401 RAINBOW RIDGE CT WEEKI WACHEE, FL 34613
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07082004 No Chg-P CR2E034 (10/03)

4. FEI Number 22-3886640	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WILI-SIMMONDS, LISA
10401 RAINBOW RIDGE CT
WEEKI WACHEE, FL 34613

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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 *Lisa Wili-Simmonds* **DATE** 7-9-04

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000165842 07/12/04-80029-025 550.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILI-SIMMONDS, LISA 10401 RAINBOW RIDGE CT WEEKI WACHEE, FL 34613
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Lisa Wili-Simmonds* **DATE** 7-9-04 **Daytime Phone #** 352-650-5703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR