

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90244 029 \*\*\*150.00

**DOCUMENT # P03000117777**

1. Entity Name

LINDA CHAMBLISS, P.A.



Principal Place of Business

707 SE THIRD AVE STE 101  
FT LAUDERDALE FL 33316

Mailing Address

707 SE THIRD AVE STE 101  
FT LAUDERDALE FL 33316

2. Principal Place of Business

707 S.E. 3rd Avenue

3. Mailing Address

same

Suite, Apt. #, etc.

# 400 A

Suite, Apt. #, etc.

same

City & State

Fort Lauderdale, Fl

City & State

same

Zip

33316

Country

USA

Zip

same

Country

same

4. FEI Number

54-2131682

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

CHAMBLISS, LINDA  
707 SE THIRD AVE STE 101  
FT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name  
Philip A. Disque

Street Address (P.O. Box Number is Not Acceptable)

707 S.E. THIRD AVENUE

SUITE 400

City

FT LAUDERDALE

FL

Zip Code

33316

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

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**

**Make Check Payable to Florida Department of State**

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  
DPVS  
CHAMBLISS, LINDA  
2167 NE 58TH ST  
FT LAUDERDALE FL 33308 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
CHAMBLISS, LINDA  
2167 NE 58TH ST  
FT LAUDERDALE FL 33308 ☐ Delete

TITLE  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  
  
  
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Linda Chambliss*  
Linda Chambliss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/06

954-523-2697

Date

Daytime Phone #