## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 26, 2005 8:00 am Secretary of State

DOCUMENT # P04000110975  1. Entity Name CLAUDIA JOINER, P.A.					08-26-2005 90003 031 ***550.00		
Principal Place	e of Business	Mailing Address					
15 BAFFIN AVENUE		15 BAFFIN AVENUE				500635	55
TAMPA, FL 33606 TAMPA, FL 33606			t (DEI/SE) (I		minimanianianianianianianianianianianianiania		
2. Principal Pl	lace of Business	3. Mailing Address / 0					
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.	,	03082005	Chg-P	CR2E034 (10/	03)
City & State	9	City & State Tampa, F/	,	4. FEI Numb	er 205768	4	Applied For Not Applicable
Zip	Country	Zip 33618	Country U.S		of Status Desired		Additional
	6. Name and Address of Cur	rent Registered Agent		7. Name and	Address of New	Registered Agent	'
CANDEDS WAITED			Name Sa	nders,	Walter		
SANDERS, WALTER 3356 BEARSS AVENUE			Street Add	tress (P.O. Box Numb	er is Not Acceptab	ole)	•
TAMPA, FI	L 33618		11.57	8 N. Vale	Mabry	WW	
٠.			City	am pa	11001	FL Zip	3618
		ent for the purpose of changing its r	registered office or re		th, in the State of F	Florida. I am familiar	with, and accept
the obligati	ions of registered agent.	111	11	1		1/2/-	_
SIGNATURE	Signature, typed or printed some of registered	ADV WOI	TU Jano	gers		4/22/03	
		agent and the it approache. (401)	negistereti Agent signature	required when reinstating)		DATE	
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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.

\*\*IGNATURE\*\*

| CAUDIA | TOINER | SIGNATURE AND TYPED GO FRINTED NAME OF SIGNING OFFICER OR DIRECTOR
| Date | Daytime Phone #