

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000028254

Entity Name: CONNIE WILLIAMS, P.A.

FILED
Apr 20, 2006
Secretary of State

Current Principal Place of Business:

9129 COVE POINT CIRCLE
BOYNTON BEACH, FL 33437

New Principal Place of Business:

Current Mailing Address:

9129 COVE POINT CIRCLE
BOYNTON BEACH, FL 33437

New Mailing Address:

FEI Number: 20-2453346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, CONNIE
9129 COVE POINT CIRCLE
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, CONNIE
Address: 9129 COVE POINT CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: WILLIAMS, CONNIE
Address: 9129 COVE POINT CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

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: CONNIE WILLIAMS

P

04/20/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date