

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90039 026 ***150.00

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01032006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000040093 1. Entity Name JILL DOUGLAS, P.A.					
Principal Place of Business 2703 ALOMA OAKS DRIVE OVIEDO, FL 32765			Mailing Address 2703 ALOMA OAKS DRIVE OVIEDO, FL 32765		
2. Principal Place of Business <i>7585 Brightwater Place</i>		3. Mailing Address <i>7585 Brightwater Place</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <i>Oviedo, FL</i>		City & State <i>Oviedo, FL</i>		4. FEI Number <i>65-1245428</i>	
Zip <i>32765</i>		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOUGLAS, JILL 2703 ALOMA OAKS DRIVE OVIEDO, FL 32765			7. Name and Address of New Registered Agent Name <i>Douglas, Jill</i> Street Address (P.O. Box Number is Not Acceptable) <i>7585 Brightwater Place</i> City <i>Oviedo</i> FL Zip Code <i>32765</i>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS DOUGLAS, JILL 2703 ALOMA OAKS DRIVE OVIEDO, FL 32765		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS Douglas, Jill 7585 Brightwater Place Oviedo, FL 32765	
	Delete <input type="checkbox"/>			Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
	Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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	Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Jill Douglas</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>1/26/06</i> Daytime Phone # <i>321-303-0503</i>		