


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90025 049 ***150.00

DOCUMENT # P05000060309	
1. Entity Name JANET CRAIG, P.A.	

Principal Place of Business 461 WILMINGTON CIRCLE OVIEDO, FL 32765	Mailing Address 461 WILMINGTON CIRCLE OVIEDO, FL 32765
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2. Principal Place of Business 32435 Joy Haven Rd Suite, Apt. #, etc.	3. Mailing Address 32435 Joy Haven Rd Suite, Apt. #, etc.
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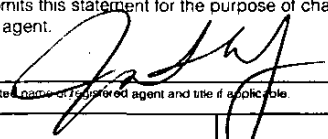
City & State Leesburg FL	City & State Leesburg FL
Zip 34788	Country USA
Zip 34788	Country USA



07162006 Chg-P CR2E034 (11/05)

4. FEI Number 20 2797349	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 CRAIG, JANET 461 WILMINGTON CIRCLE OVIEDO, FL 32765	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 32435 Joy Haven Rd City Leesburg FL Zip Code 34788	

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  DATE **7/1/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS.		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CRAIG, JANET 461 WILMINGTON CIRCLE OVIEDO, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	32435 Joy Haven Rd Leesburg, FL 34788 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date Daytime Phone #