


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90006 037 \*\*\*150.00

<b>DOCUMENT # P05000104788</b>	
1. Entity Name <b>WANDA LAIRD P.A.</b>	

Principal Place of Business <b>2440 ALLEN CT LANTANA FL 33462</b>	Mailing Address <b>2440 ALLEN CT LANTANA FL 33462</b>
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2. Principal Place of Business <i>Illustrated Properties, Inc</i> Suite, Apt. #, etc.		3. Mailing Address <i>6177 Jug Rd</i> Suite, Apt. #, etc. <i>Suite D-6</i>	
City & State <i>Lake Worth, Florida</i>		City & State <i>Lake Worth, Florida</i>	
Zip <i>33467</i>	Country <i>Palm Beach</i>	Zip <i>33467</i>	Country <i>Palm Beach</i>

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent <b>LAIRD, WANDA S 2440 ALLEN CT LANTANA FL 33462</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 *Wanda S. Laird* DATE *2-28-06*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LAIRD, WANDA S</b> <b>2440 ALLEN CT</b> <b>LANTANA FL 33462</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LAIRD, BRIAN A</b> <b>2440 ALLEN CT</b> <b>LANTANA FL 33462</b> <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 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: *Wanda S. Laird* DATE: *2-28-06* 561-967-4948

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #