2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2007 8:00 am Secretary of State

Daytime Phone #

ANNUAL REPURI					Secretary of State			
DOCUMENT # P06000037175 1. Entity Name JILL CARTER-SMITH, P.A.						90022 008 ***15		
Principal Plac	e of Business	Mailing Address			cAR			
6402 NW 80 Parkland,		6402 NW 80TH DRIVE Parkland, FL 33067		40012				
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 8309 NW - 1231 WQ y 8309 NW 123			3rd War					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	0	02022007	Chg-P	CR2E034 (12/06)		
Parkland FL. Parkland		FC.	4. FEI Number	-4494	/- ·a/\to \to \to \to \to	oplied For ot Applicable		
<u>_33</u> 0	Two USA	33076	Country USA		of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent	Name 0 1	7. Name and	Address of New	Registered Agent		
CARTER-SMITH, JILL 6402 NW 80TH DRIVE PARKLAND, FL 33067						J166		
7,11112	2,12 00001		8309	NW 12	3 M W	y II		
			city Pari	Glond		FL Zip Cod	350/6	
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 JILL (ARTEL-SMITH Signature, typed or printed name of registered agent and title it applicable. NOTE: Progistered Agent signature required when references to the programme of registered agent and title it applicable. NOTE: Progistered Agent signature required when references to the programme of the								
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees								
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/C	HANGES TO OF	FICERS AND DIRECTOR	\$ IN 11	
TITLE	P .	Delete	TITLE			Change	Addition	
NAME STREET ADDRESS	CARTER-SMITH, JILL 6402 NW 80TH DRIVE		NAME STREET ADDRESS					
CITY-ST-ZIP	PAŘKĽAND, FL 33067		CITY-ST-ZIP					
TITLE NAME	<i>j</i>	☐ Delete	TITLE NAME		* ************************************	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
FITLE		☐ Delete	TITLE		112.1	☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-Zip					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME				•	
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP					
	certify that the information supplied with	this filing does not qualify for		and in Chapter 110	Elorida Statuta-	further cortife that the	oformation	
indicated of the cor	on this eport of supplier ental report is poration or the receiver or trustee empor or on an attachment with an address, v	true and accurate and that my wered to execute this report as	signature shall have the required by Chapter 6	ne same legal effect 607, Florida Statutes	as if made under ; and that my nan	oath; that I am an officer ne appears in Block 10 o	or director r Block 11 if	

OUTE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: