


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000004128
 1. Entity Name
ELIZABETH A. WILSMAN & CO., P.A.



Principal Place of Business 190 W. PALMETTO PARK RD. SUITE 200 BOCA RATON, FL 33432 US	Mailing Address 190 W. PALMETTO PARK RD. SUITE 200 BOCA RATON, FL 33432 US
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04092007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0379521	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 WILSMAN, MICHAEL
 3911 NE 27TH TERR
 LIGHTHOUSE POINT, FL 33064

DO NOT WRITE IN THIS SPACE

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 _____
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
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSMAN, ELIZABETH A 190 W. PALMETTO PARK ROAD BOCA RATON, FL
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 05/02/07-80021-017 150.00

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: *Elizabeth A. Wilsman CPA* Elizabeth A. Wilsman President 4-18-07 561-392-8612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #