

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000046653

1. Entity Name
WIDELL ASSOCIATES, INC.



Principal Place of Business
5365 STIRLING ROAD
FT. LAUDERDALE, FL 33314-7427

Mailing Address
5365 STIRLING ROAD
FT. LAUDERDALE, FL 33314-7427

FILED
06 SEP 22 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0499959
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COMPTON, JOHN M
1819 MAIN ST
SUITE 610
SARASOTA, FL 34236

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

**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

TITLE D
NAME MCDEVITT, WILLIAM J
STREET ADDRESS 2201 CANTU COURT SUITE 202
CITY-ST-ZIP SARASOTA, FL 34232

TITLE D
NAME PICKLE, KEITH A
STREET ADDRESS 5365 STIRLING ROAD
CITY-ST-ZIP FORT LAUDERDALE, FL 33314

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP

600080269936
09/28/06--01053--015 **150.00
\$39/25

**DO NOT WRITE
IN THIS SPACE**

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

19-15-06 1941/377-8555
Date Daytime Phone #