

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90027 012 \*\*\*150.00

**DOCUMENT # P94000063707**

1. Entity Name  
JANET ELIZABETH HOFFMAN, P.A.



Principal Place of Business  
1805 WINDJAMMER LANE  
SAINT AUGUSTINE, FL 32084 US

Mailing Address  
1805 WINDJAMMER LANE  
SAINT AUGUSTINE, FL 32084 US

**DO NOT WRITE IN THIS SPACE**



02222006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3286031	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**

GUNSTER, YOAKLEY, & STEWART, P.A.  
CHRISTOPHER KAMMERER  
777 S FLAGLER DR, STE 500 EAST  
WEST PALM BEACH, FL 33401

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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  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE VDP  
NAME HOFFMAN, JANET E  
STREET ADDRESS 1805 WINDJAMMER LANE  
CITY-ST-ZIP SAINT AUGUSTINE, FL 32084

TITLE ST  
NAME CARILLI, JUNE G  
STREET ADDRESS 8429 ALDERMAN RD  
CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE V  
NAME HOFFMAN, KELLY M  
STREET ADDRESS 1805 WINDJAMMER LANE  
CITY-ST-ZIP SAINT AUGUSTINE, FL 32084

TITLE V  
NAME HOFFMAN, KATHRYN A  
STREET ADDRESS 1805 WINDJAMMER LANE  
CITY-ST-ZIP SAINT AUGUSTINE, FL 32084

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

Date

Daytime Phone #

*Janet Elizabeth Hoffman* 3/15/06 904/823-1333