


# 2005- FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000068174</b>				
1. Entity Name <b>CLAUDIA JO WILLIS, P.A.</b>				
Principal Place of Business <b>600 NE 3 AVE FT LAUDERDALE FL 33304</b>		Mailing Address <b>600 NE 3 AVE FT LAUDERDALE FL 33304</b>		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt #, etc		Suite, Apt #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
<b>WILLIS, CLAUDIA J</b> <b>600 NE 3 AVE</b> <b>FT LAUDERDALE FL 33304</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____				



1st MOORE CR2E034 (10/04)


4. FEI Number **65-0606876**  Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fees Required

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PVST</b> <b>WILLIS, CLAUDIA J</b> <b>600 NE 3 AVE</b> <b>FT LAUDERDALE FL 33304</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>00000199510</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>01/27/05-80092-024 150.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>WILLIS, CLAUDIA J</b> <b>600 NE 3 AVE</b> <b>FT LAUDERDALE FL 33304</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **January 24, 2005 954-522-7744**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #