2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 12, 2006 08:00 AM

ANNOAL REPORT						
DOCUMENT # P95000068174				Secretary of State		
1. Entity Name				}		
CLAUDIA	JO WILLIS, P.A.		1	}		
				}	_	
		Mailing Address		}		
600 NE 3 AV	/E /ALE, FL 33304	600 NE 3 AVE FT LAUDERDALE, FL 33304				
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_	~ *:~~ *********	^-	01102006	No Chg-P	CR2E034 (11/05)	
DO NOT WRITE IN THIS SPA			CE	4. FEI Numb		Applied For
				65-060		Not Applicab
				5. Certificate	of Status Desired	S8.75 Additional Fee Required
	6. Name and Address of Current Reg	{				
WILLIS, CLAUDIA J			}	DO	NOT W	DITE
600 NE 3 AVE			}			
FT LAUDERDALE, FL 33304			}	IN .	THIS SP	PACE
			}			
	named entity submits this statement for the	purpose of changing its register	ed office or registe	red agent, or bo	th, in the State of Flo	orida. I am familiar with, and accep
the obligat	tions of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agen				n when reinstating)		DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		 Election Campaign Final Trust Fund Contribution. 		19 \$5.00 May Be □ Added to Fees)784152 -80029-019 150.00
					(1, 15, 00	00000 010 100400
TITLE	OFFICERS AND DIR	ECTORS }	-1			
NAME	WILLIS, CLAUDIA J		1			
STREET ADDRESS	600 NE 3 AVE		ł			
CITY-ST ZIP	FT LAUDERDALE, FL 33304		4			
TITLE NAME	WILLIS, CLAUDIA J		I			
STREET ADDRESS	600 NE 3 AVE		1			,
CITY-ST-ZIP	FT LAUDERDALE, FL 33304		1			
TITLE			1			
NAME STREET ADDRESS	·		§			
CITY-ST-ZIP			1	DO	NOT W	RITE
TITLE			1	IN!	THIS SF	PACE
NAME CIDEEI ADDRECT			ł	114		
STREET ADDRESS CITY-ST-ZIP			ł			
TITLE			-1			

12. Thereby certify that the information supplied with this filling 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:

January 10, 2006 (954) 522-7

SIGNATURE:

NAME, STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

(954) 522-77

Cate

Daytime Phone #