## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P96000003394 1. Entity Name JUDITH A. WAYT, P.A.

**FILED** Mar 24, 2004 08:00 AM **Secretary of State** 

Principal Place of Business 2151 W HILLSBORO BLVD SUITE 213

DEERFIELD BEACH, FL 33442 US

Mailing Address

2151 W HILLSBORO BLVD SUITE 213

DEERFIELD BEACH, FL 33442



No Chg-P CR2E034 (10/03)

4. FEI Number 65-0631881

01122004

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

## DO NOT WRITE IN THIS SPACE

- 1	6.	Name a	nd A	ddre	ess o	f Current	Reg	isterec	P	igent

WAYT, JUDITH A 2151 W HILLSBORO BLVD, SUITE 213 SUITE 155W DEERFIELD BCH, FL 33442

## DO NOT WRITE IN THIS SPACE

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8. The above the obligat	named entity submits this statement for the plions of registered agent.	urpose of changing its registered	office or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and	accept
SIGNATURE.	Signature, typed or printed name of recistored agent and title it	Enrollic No. (MOTT: Decistared A	and classics	required when reinstating)	DATE	
	expiremet when a fautes traine or refigurate statistics and present	applicable (NOTE repaided A	gera signature	recorde witen reinstating)	DATE	
	E NOWIII FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	<ol> <li>Election Campaign Financh Trust Fund Contribution.</li> </ol>	ng 🔲	\$5.00 May Be Added to Fees	U00000095308 03/24/04-80026-013 150.00	
10.	OFFICERS AND DIREC	CTORS		<del></del>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST WAYT, JUDITH A 2262 DISCOVERY CIR W DEERFIELD BEACH, FL 33442					
RTLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS GITY- ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				IN	THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP					Service of the servic	
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12. Thereby certify that the information supplied with this fifing 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 cath, that I am an officer or director of the curporation 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.

NAME STREET ADDRESS CITY-ST-ZIP

JUDITH A. WAYT

954-698-7111