


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90075 050 \*\*\*150.00

<b>DOCUMENT # P96000003394</b>					
<b>1. Entity Name</b> JUDITH A. WAYT, P.A.					
<b>Principal Place of Business</b> 2151 W HILLSBORO BLVD SUITE 213 DEERFIELD BEACH, FL 33442 US			<b>Mailing Address</b> 2151 W HILLSBORO BLVD SUITE 213 DEERFIELD BEACH, FL 33442 US		
<b>2. Principal Place of Business</b> 2262 Discovery Cir W Suite, Apt. #, etc.		<b>3. Mailing Address</b> 2262 Discovery Cir W Suite, Apt. #, etc.			
<b>City &amp; State</b> Deerfield Beach FL		<b>City &amp; State</b> Deerfield Beach, FL		<b>4. FEI Number</b> 65-0631881	
<b>Zip</b> 33442		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  WAYT, JUDITH A 2151 W HILLSBORO BLVD, SUITE 213 SUITE 155W DEERFIELD BCH, FL 33442			<b>7. Name and Address of New Registered Agent</b> Name: Wayt, Judith A Street Address (P.O. Box Number is Not Acceptable): 2262 Discovery Cir W City: Deerfield Beach FL Zip Code: 33442		
<b>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.</b>					
SIGNATURE: <u>Judith A Wayt</u> DATE: <u>4/10/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST WAYT, JUDITH A 2262 DISCOVERY CIR W DEERFIELD BEACH, FL 33442		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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	
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	
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	
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	
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	
<b>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.</b>					
SIGNATURE: <u>Judith A Wayt</u> <u>Judith A Wayt</u> DATE: <u>4/10/06</u> DAYTIME PHONE: <u>954-415-2485</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					