2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90104 021 ***150.00

DOCUMENT # P97000093040

1. Entity Name
CAROL WILES, P.A.

Principal Place of Business
2600 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803

Mailing Address
2600 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803

04092006 Chg-P CR2E034 (11/05)

2. Principal Place of Business: 12646 SAN Jose Blvd
Suite, Apt #, etc
City & State: Jacksonville FL
Zip: 32223 Country: US

3. Mailing Address: 12646 SAN Jose Blvd
Suite, Apt #, etc
City & State: Jacksonville FL
Zip: 32223 Country: US

4. FEI Number: 59-3484207 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WILES, CAROL
2600 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 ________________

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	P	☐ Delete
NAME	WILES, CAROL	
STREET ADDRESS	2600 SOUTH FLORIDA AVENUE	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	VP	☐ Delete
NAME	WILES, MELDON E	
STREET ADDRESS	2600 S. FL. AVE.	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☐ Change ☑ Addition
NAME	Wiles, Carol	
STREET ADDRESS	12646 SAN Jose Blvd	
CITY-ST-ZIP	Jacksonville FL 32223	
TITLE	VP	☐ Change ☑ Addition
NAME	Wiles, Meldon E	
STREET ADDRESS	12646 SAN Jose Blvd	
CITY-ST-ZIP	Jacksonville FL 32223	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Carol Wiles President 4/9/06 904-735-5090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE