


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 23, 2006 08:00 A
Secretary of State

DOCUMENT # P99000046093
1. Entity Name
NELLY B. WILLSHIRE, P.A.



Principal Place of Business
807 WILLOWWOOD LANE
NAPLES, FL 34108

Mailing Address
807 WILLOWWOOD LANE
NAPLES, FL 34108

DO NOT WRITE IN THIS SPACE



08182006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3578002

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILLSHIRE, NELLY B
807 WILLOWWOOD LANE
NAPLES, FL 34108

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILLSHIRE, NELLY B
STREET ADDRESS	807 WILLOWWOOD LANE
CITY - ST - ZIP	NAPLES, FL 34108
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
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CITY - ST - ZIP	

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IN THIS SPACE**

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08/23/06-80002-010 550.00

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: Nelly B. Willshire 8/18/06 President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #