

\$ 150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT


DOCUMENT # S24455
 1. Entity Name
JOSEPH F. WHITEHEAD, P.A.



Principal Place of Business 5201 RAVENSWOOD RD SUITE 111 FT. LAUDERDALE, FL 33312 US	Mailing Address 5201 RAVENSWOOD RD SUITE 111 FT. LAUDERDALE, FL 33312 US
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DO NOT WRITE IN THIS SPACE

FILED
 05 MAR 25 PM 1:18
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0496758	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITEHEAD, JOSEPH F
 5201 RAVENSWOOD RD
 SUITE 111
 FT. LAUDERDALE, FL 33312

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITEHEAD, JOSEPH F 5201 RAVENSWOOD RD STE 111 FT. LAUDERDALE, FL 33312
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Joseph F. Whitehead

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12. I hereby certify that the information supplied with this filing 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 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: Joseph F. Whitehead 2/17/05 954-963-9795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #