

\$ 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

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 ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 PD
NAME WHITEHEAD, JOSEPH F
STREET ADDRESS 5201 RAVENSWOOD RD STE 111
CITY-ST-ZIP FT. LAUDERDALE, FL 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

300049917553
04/05/05--01054--024 **650.00

Joseph F. Whitehead

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/05

Date

954-963-9795

Daytime Phone #