## 2006 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

## **FILED** May 08, 2006 8:00 am Secretary of State

05-08-2006 90610 001 \*\*\*750.00

ρουτυσση

CR2E034 (11/05)



04052006 DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number 65-0496758 Not Applicable 

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

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

No Chg-P

			<u> </u>			
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, 2006 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.				\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
NAME " STREET ADDRESS CITY-ST-ZIP	PD WHITEHEAD, JOSEPH F 5201 RAVENSWOOD RD STE 111 FT. LAUDERDALE, FL 33312			•		
NAME STREET ADDRESS CITY-SI-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE 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.						

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO