

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # V24407

1. Entity Name
JANET HIBEL, PHD., P.A.



Principal Place of Business
8259 NORTH MILITARY TRAIL
PALM BEACH GARDENS, FL 33410

Mailing Address
8259 NORTH MILITARY TRAIL
SUITE 9
PALM BEACH GARDENS, FL 33410 US



02162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0333284
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HIBEL, JANET
8259 N. MILITARY TRAIL
PALM BEACH GARDENS,

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits
the obligations of registered agent

SIGNATURE
Signature, typed or printed name

registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept

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 Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HIBEL, JANET
8259 N. MILITARY TR
PALM BCH GARDENS, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11000001445644
03/18/06 80120-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/06

Date

Daytime Phone #