

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 479937. 1. Entity Name JAMES A. CAREY, JR., D.D.S., P.A.	
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Principal Place of Business 1272 TIMBERLANE RD. TALLAHASSEE, FL 32312	Mailing Address 1272 TIMBERLANE RD. TALLAHASSEE, FL 32312
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02142006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1628858	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CAREY, JAMES A JR 1272-B TIMBERLANE ROAD TALLAHASSEE, FL 32312
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**DO NOT WRITE
IN THIS SPACE**

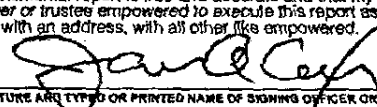
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE _____

FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P CAREY, JAMES A JR. 1272 TIMBERLANE RD. TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S BROWNLOW, BEVERLY K. 1272-B TIMBERLANE ROAD TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V JONES, JEFFREY D 1272-B TIMBERLANE RD TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T BART, CAREY K 1272 TIMBERLANE RD. TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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03/20/06-80629-002 150.00

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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 files empowered.
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 3-7-06 850-893-5177 Corporate Phone #