

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 01, 2005 08:00 AM
Secretary of State

DOCUMENT # 489400	
1. Entity Name JACQUE V. LEBEAU, P.A., DOCTOR OF DENTAL MEDICINE	

Principal Place of Business 1401 NORTH PALAFOX PENSACOLA FL 32501	Mailing Address 1401 NORTH PALAFOX PENSACOLA FL 32501
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
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2nd MOORE CR2E034 (5/05)

6. Name and Address of Current Registered Agent LEBEAU, JACQUE V. 1401 N PALAFOX ST PENSACOLA FL 32501		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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4. FEI Number 59-1615230	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEBEAU, JACQUE V. 1401 N PALAFOX ST PENSACOLA FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition UN0000375156 08/01/05-80008-008 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete S LEBEAU, MARGARET B. 1401 N PALAFOX ST PENSACOLA FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete D LEBEAU, MARGARET B. 1401 N PALAFOX ST PENSACOLA FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Jacqueline LeBeau* **7/28/05** **850-434-1964**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #