

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90105 013 ***150.00

DOCUMENT # F81683

1. Entity Name
DON JABLONSKI, D.O., P.A.



Principal Place of Business
**2 E TOWAH SCHOOL RD
ETOWAH, NC 27829**

Mailing Address
**8 LEIBESTRAUM DRIVE
HORSE SHOE, NC 28742 US**

40003188



2. Principal Place of Business

3. Mailing Address

P.O. Box 2135

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Etowah NC

Zip

Country

Zip

Country

28729

USA

01102005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2192409

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATERNIET, EDWARDS *MISS DEBUELO*
**555 W. GRANADA STE C-10
ORMOND BEACH, FL 32174**

Name

EDWARD PATERNITI

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Edward Paterniti

1/13/05

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
JABLONSKI, CATHERINE
8 LEIBESTRAUM DRIVE
HORSE SHOE, NC 28742** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVD
JABLONSKI, DONALD
8 LEIBESTRAUM DRIVE
HORSE SHOE, NC 28742** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PO Box 2135
Etowah, NC 28729** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P.O. Box 2135
Etowah, NC 28729** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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)(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

Catherine Jablonski **CATHERINE JABLONSKI**

1-10-05

Date

828-890-3200

Daytime Phone #