

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 462831

FILED  
Jun 02, 2005  
Secretary of State

Entity Name: KEVIN R. JURECKO, D.D.S., P.A.

## Current Principal Place of Business:

2086 S MAIN BLVD  
113  
LAKE CITY, FL 32025

## New Principal Place of Business:

## Current Mailing Address:

2086 S MAIN BLVD  
113  
LAKE CITY, FL 32025

## New Mailing Address:

FEI Number: 59-1560008

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JURECKO, KEVIN R  
2086 S MAIN BLVD  
113  
LAKE CITY, FL 32025 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: JURECKO, KEVIN,  
Address: 2086 SW MAIN BLVD #113  
City-St-Zip: LAKE CITY, FL 32025

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: JURECKO, KEVIN,  
Address: 2086 SW MAIN BLVD #113  
City-St-Zip: LAKE CITY, FL 32025 US

Title: VP ( ) Change (X) Addition  
Name: GRACY, MEGAN J DMD  
Address: 2086 SW MAIN BLVD #113  
City-St-Zip: LAKE CITY, FL 32025 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN R JURECKO, DDS

PRES

06/02/2005

Electronic Signature of Signing Officer or Director

Date