2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 462831

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

FILED May 09, 2006 Secretary of State

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Current P	rincipal Place of Business:	New Principal Place	New Principal Place of Business:	
2086 S MA 113		2086 SW MAIN BLVD 113		
LAKE CITY	′, FL 32025	LAKE CITY, FL 3202	5	
Current M	ailing Address:	New Mailing Addres	New Mailing Address:	
2086 S MA 113		2086 SW MAIN BLVD		
	′, FL 32025	LAKE CITY, FL 3202	0	
FEI Number:	59-1560008 FEI Number Applied F	or () FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		gent: Name and Address	Name and Address of New Registered Agent:	
JURECKO 2086 S MA 113		JURECKO, KEVIN R 2086 SW MAIN BLVD 113	2086 SW MAIN BLVD	
LAKE CITY, FL 32025 US			LAKE CITY, FL 32025 US	
	named entity submits this statemen e of Florida.	t for the purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE: KEVIN R JURECKO, DDS, PA	A	05/09/2006	
	Electronic Signature of Regis	tered Agent	Date	
	ce with s. 607.193(2)(b), F.S., the corpora npaign Financing Trust Fund Contributio			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete JURECKO, KEVIN, 2086 SW MAIN BLVD #113 LAKE CITY, FL 32025 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete GRACY, MEGAN J DMD 2086 SW MAIN BLVD #113 LAKE CITY FL 32025 US	Title: Name: Address: Citv-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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,PA PRES 05/09/2006