


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 506348</b> 1. Entity Name <b>JAMES NOLAN FLACH, D.D.S., P.A.</b>	
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Principal Place of Business <b>541 N DONNELLY PO BOX 173 MT DORA, FL 32757-7173</b>	Mailing Address <b>P O BOX 173 MT DORA, FL 32756-173 US</b>
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01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1673724</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>FLACH, JAMES NOLAN, D D S PA 541 NORTH DONNELLY STREET MOUNT DORA, FL 32757</b>
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IN THIS SPACE**

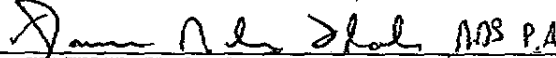
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLACH, JAMES NOLAN 541 NORTH DONNELLY MT. DORA, FL
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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 like empowered.
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SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>1/5/06</b> <small>Date</small>	<b>352-383-8112</b> <small>Daytime Phone #</small>
<b>JAMES NOLAN FLACH, D.D.S. P.A.</b>		