


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 08:00 AM
Secretary of State

DOCUMENT # 551979 1. Entity Name GEORGE B. DORRIS, JR., D.D.S., P.A.	
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Principal Place of Business EGLIN PARKWAY AT OLD FERRY RD P.O. BOX 894 SHALIMAR, FL 32579	Mailing Address EGLIN PARKWAY AT OLD FERRY RD P.O. BOX 894 SHALIMAR, FL 32579
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01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1784177	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DORRIS, GEORGE B. JR. D.D.S. EGLIN PARKWAY AT OLD FERRY RD SHALIMAR, FL

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	PD DORRIS, GEORGE B JR 6 PEMBROKE PL FT WALTON BCH, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DORRIS, PAULA W. 6 PEMBROKE PL. FT. WALTON BECH, FL
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01/24/06-80029-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: George B. Dorris, Jr. DDS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-06 (850) 651-1125
Date Daytime Phone #