

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # 558221 1. Entity Name LIGON & LIGON, D.D.S., P.A.	
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Principal Place of Business 5201 CENTRAL AVE. ST PETERSBURG, FL 33710	Mailing Address 5201 CENTRAL AVE. ST PETERSBURG, FL 33710
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DO NOT WRITE IN THIS SPACE



01172006 No Chg-P CRZE034 (11/05)

4. FEI Number 59-1786863	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

MENDEE BULL LIGON
5201 CENTRAL AVE
ST. PETERSBURG, FL 33710

**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 _____ DATE 2-13-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LIGON, MENDEE 5201 CENTRAL AVE. ST PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LIGON, REGINALD 5201 CENTRAL AVE. ST PETERSBURG, FL 33710
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02/27/06-00006-022 150.00

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: Reginald Ligon 2/1/06 (727) 321-7880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR