2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 585086

1. Entity Name
A.T. WILLIAMS, D.D.S., P.A.

Principal Place of Business	Mailing Address
15271 MCGREGOR BLVD SUITE 21 FORT MYERS, FL 33908	15271 MCGREGOR BLVD SUITE 21 FORT MYERS, FL 33908

DO NOT WRITE IN THIS SPACE

07182006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1837515	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, AT DDSPA
15271 MCGREGOR BLVD
SUITE 21
FORT MYERS, FL 33908

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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 _____   7-18-06

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PSD
NAME	WILLIAMS, A T
STREET ADDRESS	15271 MCGREGOR BLVD., STE. 21
CITY-ST-ZIP	FT MYERS BCH, FL 33908
TITLE	VP
NAME	WILLIAMS, NATALIE
STREET ADDRESS	15271 MCGREGOR BLVD., STE. 21
CITY-ST-ZIP	FT MYERS BCH, FL 33908
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/21/06--80009-011 550.00

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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.

SIGNATURE: _____   7-18-06   239-58-9919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #