


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 25, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 591623**

1. Entity Name  
**JAMES T. PASCIA, D.D.S., P.A.**



Principal Place of Business      Mailing Address

**2143 49TH STREET NORTH**      **2143 49TH STREET NORTH**  
**ST. PETERSBURG, FL 33710**      **ST. PETERSBURG, FL 33710**



05182006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**59-1865695**      Not Applicable

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

6. Name and Address of Current Registered Agent

**PASCIA, JAMES DDS PA**  
**2143 49TH STREET NORTH**  
**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS PASCIA, JAMES T.D.D.S. 2143 49TH STREET NORTH ST. PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PASCIA, JAMES T. D.D.S. 2143 49TH STREET NORTH ST. PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PASCIA, DAVID T. D.M.D. 2193 49TH ST NORTH ST. PETERSBURG, FL 33710
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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 05/25/06-80003-003 150.00

**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: James T. Pascia DDS  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-20-06    727-321-1900  
 Date                      Daytime Phone #