

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90068 042 ***150.00

DOCUMENT # 600859

1. Entity Name
WILBURN J. LOWE D.D.S., P.A.



Principal Place of Business

**4904 CLYDE MORRIS BLVD
STE A
PORT ORANGE, FL 32129 US**

Mailing Address

**4904 CLYDE MORRIS BLVD
STE A
PORT ORANGE, FL 32129 US**

60010883



01262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1233133

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHURCHMAN, RICHARD K CPA
1255 MASON AVE
DAYTONA BEACH, FL 32117**

**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

Signature, typed or printed name of registered agent and title if applicable.

(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
**PS
LOWE, WILBURN J D.D.S
1065 N HALIFAX
ORMOND BCH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GILES, JACK D.D.S
1205 NW 23RD BLVD
GAINESVILLE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
LOWE, WILBURN J D.D.S
1065 N HALIFAX
ORMOND BCH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exceptions 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:

Wilburn J Lowe
Wilburn J Lowe
President

Date

Daytime Phone #

1-30-06 386-256-1646