

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 10, 2006 08:00 AM  
Secretary of State

DOCUMENT # 600884

1. Entity Name  
GRESKOVICH AND BALCOM, D.D.S., P.A.



Principal Place of Business  
4850 NORTH 9TH AVE.  
PENSACOLA, FL 32503-2447

Mailing Address  
4850 NORTH 9TH AVE.  
PENSACOLA, FL 32503-2447



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1263586	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

BALCOM, JAMES H  
4850 NORTH 9TH AVE.  
PENSACOLA, FL 32503

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 reissuing)

DATE

U00000381020  
01/11/06-80037-008 150.00

**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	PD
NAME	BALCOM, JAMES H
STREET ADDRESS	4850 NORTH 9TH AVE.
CITY-ST-ZIP	PENSACOLA, FL 32503

TITLE	VD
NAME	GRESKOVICH, MARK S
STREET ADDRESS	4850 NORTH 9TH AVE.
CITY-ST-ZIP	PENSACOLA, FL 32503

TITLE	T
NAME	DEAN, KEVIN
STREET ADDRESS	4850 NORTH 9TH AVE.
CITY-ST-ZIP	PENSACOLA, FL 32503

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 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 H. Balcom  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/2006 (850) 477-1125  
Date Daytime Phone #