

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 603955

1. Entity Name

D. KENNETH MORROW JR, D.D.S. PA



Principal Place of Business

490 NORTH INDIAN ROCKS ROAD
BELLEAIR BLUFFS, FL 33770 US

Mailing Address

490 NORTH INDIAN ROCKS ROAD
BELLEAIR BLUFFS, FL 34640



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-1445894

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BORGEENSEN, WILLIAM C ESQ
2530 WEST BAY DR
LARGO, FL 33770

**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

U00000557723
05/17/06-80058-006 150.00

10. OFFICERS AND DIRECTORS

TITLE PV
NAME MORROW, KENNETH D JR
STREET ADDRESS 490 N INDIAN ROCKS DR
CITY-ST-ZIP BELLEAIR BLUFFS, FL 337702067

TITLE ST
NAME MORROW, CAROL
STREET ADDRESS 490 N INDIAN ROCKS RD
CITY-ST-ZIP BELLEAIR BLUFFS, FL 337702067

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/06 787-581-1661