


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 604018
 1. Entity Name
 HARRISON DENTAL ASSOCIATES, P.A.



Principal Place of Business: 1012 WEST 11TH STREET, PANAMA CITY, FL 32401
 Mailing Address: 1012 WEST 11TH STREET, PANAMA CITY, FL 32401

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01132005 No Chg-P CR2E034 (10/03)
 4. FEI Number: 59-1466656 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HARRISON, FRANKLIN R.
 406 MAGNOLIA AVENUE
 PANAMA CITY, FL 32401

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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: W. S. Harrison DATE: 1/28/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEES \$150.00 After May 1, 2005 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
 U00000212833
 02/03/05-80045-005 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRISON, W.G. 1012 WEST 11TH STREET PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRISON, W.G. 1012 WEST 11TH STREET PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, FRANKLIN R. 406 MAGNOLIA AVENUE PANAMA CITY, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: W. S. Harrison DATE: 1/28/05 850-263-6782
Signature and typed or printed name of signing officer or director. Daytime Phone #