## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## ANNUAL REPORT. DOCUMENT # 604712 1. Entity Name ERIC HOHNWALD, D.D.S., P.A. Principal Place of Business 2118 CONSTITUTION BLVD SARASOTA, FL 34231 US ANNUAL REPORT. Mailing Address 2118 CONSTITUTION BLVD SARASOTA, FL 34231 US

FILED Jan 10, 2006 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01062006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 59-1483732 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOHNWALD (ERIC) D.D.S. 2118 CONSTITUTION BLVD. SARASOTA, FL 34231

SIGNATURE:

## 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 renetating) DATE  |  |  |  |                               |                                |   |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.  |  |  |  |                               | \$5.00 May Be<br>Added to Fees | U00000381111<br>01/11/06-80041-006 150.00 |
| 10. OFFICERS AND DIRECTORS  |  |  |  |                               |                                |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | P<br>HOHNWALD, ERIC<br>2118 CONSTITUTION BLVD.<br>SARASOTA, FL 34231 |  |  |                               |                                |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |  |                               |                                |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |  | DO NOT WRITE<br>IN THIS SPACE |                                |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  |  |                               |                                |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |  |                               |                                |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |  |                               |                                |   |
| 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 addids, with all other like empowered. |  |  |  |                               |                                |   |