


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 605033
1. Entity Name
FRED A. AKEL, D.D.S., P.A.



Principal Place of Business ... Mailing Address
7724 LEM TURNER ROAD 7724 LEM TURNER ROAD
JACKSONVILLE, FL 32208 JACKSONVILLE, FL 32208

DO NOT WRITE IN THIS SPACE



02152005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1537767 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
AKEL, (FRED A.)
7724 LEM TURNER ROAD
JACKSONVILLE, FL 32208

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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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AKEL, (FRED A.)
STREET ADDRESS	7724 LEM TURNER RD.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	AKEL, (HANAN)
STREET ADDRESS	7724 LEM TURNER RD.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	T
NAME	AKEL, (FRED A.)
STREET ADDRESS	7724 LEM TURNER RD.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/11/05-80015-017 150.00

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IN THIS SPACE**

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: Fred A. Akel Fred A. Akel 3-8-05 984765573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #