## 2006 FOR PROFIT CORPORATION ...

CITY-ST-ZIP TITLE NAME

STREET ADDRESS CITY-ST-ZIP FILED
Jul 13, 2006 08:00 AM
Secretary of State

	ANNUAL	REPORT	•		Seci	ctary or Sta
1. Entity Nam	MENT # 605105 WARD, O.D., P.A.	,				
2491 S. FERDON BLVD.		Mailing Address 2491 S. FERDON BLVD. CRESTVIEW, FL 32536				78 144 CUI <b>CT</b> A <b>CH</b> 188 I C <b>S</b> 2
DO NOT WRITE IN THIS S			07032008 No Chg-P CR2E034 (11/05)  4. FEI Number   Applied For 59-1544061   Not Applicate			
				5. Certificate	of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  HOWARD, KIRK 2491 S. FERDON BLVD.  CRESTVIEW, FL 32536			DO NOT WRITE IN THIS SPACE			
	e named entity submits this statement for the tions of registered agent.  Stynature, typed or physical name of registered agent and	وخ	d office or registi			l am familiar with, and accep
FILE NOWIII FEE IS \$150.00 Due by September 6, 2006				5.00 May Be ided to Fees		
10.	OFFICERS AND DIE	RECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWARD, KIRK 2491 S. FERDON BLVD CRESTVIEW, FL	,			072 <b>1</b> 3265-3001	77 7-013 (158, 75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WR	TE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					THIS SPAY Ti.:	
TITLE NAME. STREET ADDRESS						

<sup>12.</sup> I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Floride 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 16 or Block 11 if changed, or on an attachment with an address with all other like empowered.