


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2006 08:00 AM
Secretary of State

DOCUMENT # 634101
 1. Entity Name
ALAN G. SIRMANS, D.D.S., P.A.



Principal Place of Business 2985 LANGLEY AVE PENSACOLA FL 32504	Mailing Address 2985 LANGLEY AVE PENSACOLA FL 32504
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number **59-1944703** Applied For Not Applied

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

6. Name and Address of Current Registered Agent
SIRMANS, ALAN G., D.D.S.
2985 LANGLEY AVE.
PENSACOLA FL 32504

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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.

000000402335
 02/03/06-80003-022 150.00

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SIRMANS, ALAN, G. DDS	NAME		NAME		NAME	
STREET ADDRESS	4531 BOHEMIA DR.	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32504	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: AG Sirmans Date: Jan 23, 2006