


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 647112
 1. Entity Name
 JOSEPH C. NAGELSEN, JR., D.D.S., P.A.



Principal Place of Business
 892 GOLFVIEW TERR
 WINTER PARK, FL 32789

Mailing Address
 201 N LAKEFRONT AVE
 WINTER PARK, FL 32792



01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-1949722 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 NAGELSEN, JOSEPH C., JR.
 201 NORTH LAKEMONT
 WINTER PARK, FL 32789

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

1100000503542
 04/26/06-80038-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NAGELSEN, JAMES
STREET ADDRESS	415 BRIGHTWATER BLVD
CITY-ST-ZIP	ST PETERSBURG, FL
TITLE	PST
NAME	NAGELSEN, JOSEPH C JR
STREET ADDRESS	201 N LAKEMONT
CITY-ST-ZIP	WINTER PARK, FL
TITLE	D
NAME	LAWTON, THOMAS
STREET ADDRESS	201 N LAKEMONT AVE
CITY-ST-ZIP	WINTER PARK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph C Nagelsen Jr Joseph C Nagelsen Jr 4-11-06 407-644-1451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #