

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90423 036 \*\*\*150.00

**DOCUMENT # 648100**

1. Entity Name

WILLIAM MARCHESE, D.M.D., P.A.



Principal Place of Business

315 WEST CALL ST.  
STARKE, FL 32091 US  
32091

Mailing Address

315 WEST CALL ST.  
STARKE, FL 32091 US

**DO NOT WRITE IN THIS SPACE**



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-1954240

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARCHESE, WILLIAM  
315 WEST CALL STREET  
STARKE, FL 32091

**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 reinstating)

DATE

**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

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	MARCHESE, WILLIAM
STREET ADDRESS	315 WEST CALL STREET
CITY-ST-ZIP	STARKE, FL
TITLE	D
NAME	MARCHESE WILLIAM
STREET ADDRESS	315 WEST CALL STREET
CITY-ST-ZIP	STARKE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WILLIAM MARCHESE DMD

4/7/06

904-964-7501

President