2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 27, 2006 08:00 AN Secretary of State

DOCUMENT # 670071						Secretary of State			
	ntity Name RL W. LENTZ, III, F.A.C.S., P.A.								
104	oipat Place of Business O W INT'L SPEEDWAY BLVD. TONA BEACH, FL 32114-3410		ddress INT'L SPEEDWAY A BEACH, FL 321						
	DO NOT WRITE	IN T	'HIS SP	ACE		01172006 4. FEI Numbe 59-199	No Chg-P	CR2E03	34 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
-	6. Name and Address of Current	Registered A	gent						- se reduied
LENTZ, CARL 2411 N. HALIFAX DAYTONA BCH, FL 32118					DO NOT WRITE IN THIS SPACE				
tr	ne above named entity submits this statement for e obligations of registered agent	or the purpose	of changing its reg	istered office o	r register	ed agent, or bo	U00000	402501 80011-4	amiliar with, and accept
Jidi	Signature, typed or printed name of registered agent	and tide it applicate	le (NOTE Re	gistered Agent signa	tura raquirad	when reinstaling)		DATE	
A	FILE NOW!!! FEE IS \$150.00 fter May 1, 2006 Fee will be \$550.	i _	Election Campaign Trust Fund Contribu			00 May Be ed to Fees			
10. TITLE NAME STREE CITY-1	PD LENTZ, CARL W, III, MD LENTZ, CARL W, III, MD LADDRESS 2411 N. HALIFAX DAYTONA BEACH, FL 32014,	DIRECTORS				CRAFFACE AT THE A	Anthone Anthone		• •
TITLE NAME STREET	T ADDRESS 57-ZIP			₩./.4° W		energy approximately approxima			s. • · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET CITY-S	i address 51-7/P					DO	NOT W	RITE	•
TITLE					دهند المهديدة المدا	-IN	THIS SF	PACE	

12. I hereby certify that the information supplied with this filling 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 an other like empowered.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COMMENT ADDRESS
CITY-ST-ZIP
TITLE
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-06

Date

Daytime Phone #