

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # 677540 1. Entity Name G. PETE CORUM, D.M.D., P.A.					
Principal Place of Business 620 W. S.R. 434 C/O G. PETE CORUM WINTER SPRINGS FL 32708			Mailing Address 620 W. S.R. 434 C/O G. PETE CORUM WINTER SPRINGS FL 32708		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2007214	
5. Certificate of Status Desired ☐				Applied For Not Applied	
6. Name and Address of Current Registered Agent CORUM, G. PETE 620 W. S.R. 434 WINTER SPRINGS FL 32708				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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)statuting)					
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 Added to Fee					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Add
STREET ADDRESS	CORUM, KAY B		STREET ADDRESS		
CITY-ST-ZIP	620 W. S.R. 434 WINTER SPRINGS FL		CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Add
STREET ADDRESS	CORUM, G PETE		STREET ADDRESS		
CITY-ST-ZIP	620 W. S.R. 434 WINTER SPRINGS FL		CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Add
STREET ADDRESS	PST CORUM, G PETE		STREET ADDRESS		
CITY-ST-ZIP	620 W. S.R. 434 WINTER SPRINGS FL		CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Add
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Add
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Add
STREET ADDRESS			STREET ADDRESS		
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: Kay B Corum KAY B CORUM 1/25/06 4013270131