


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 12, 2006 8:00 am**  
**Secretary of State**

06-12-2006 90001 033 \*\*\*150.00

<b>DOCUMENT # 693871</b> 1. Entity Name RICHARD A. FRANCE, D.D.S., P.A.					
Principal Place of Business 1021 S. RIDGEWOOD AVE. SUITE #1 DAYTONA BEACH, FL 32114-6198			Mailing Address 1021 S. RIDGEWOOD AVE. SUITE #1 DAYTONA BEACH, FL 32114-6198		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2109725	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  FRANCE, RICHARD A. 1021 S. RIDGEWOOD AVE. SUITE #1 DAYTONA BEACH, FL 32114-3198				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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST FRANCE, RICHARD A 1021 SOUTH RIDGEWOOD AVE DAYTONA BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCE, RICHARD A 1021 SOUTH RIDGEWOOD AVE DAYTONA BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
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 another like empowered.					
SIGNATURE: <u>Richard A. France D.D.S.</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <u>6/8/06</u> Daytime Phone #: <u>(386) 258-5406</u>					

# ATTACHMENT

40095168

FROM THE OFFICE OF

RICHARD A. FRANCE, D.D.S., P.A.

TELEPHONE: (904) 258-5406

1021 S. RIDGEWOOD AVENUE, SUITE 1  
DAYTONA BEACH, FL 32114

May 2, 2006

Division of Corporations  
P. O. Box 6198  
Tallahassee, FL 32314

Re: Document #693871  
Fed. Tax ID #592109725

Gentlemen:

Your records will indicate receipt of my Corporate Annual Report. I neglected to include the enclosed check in the amount of \$150.

Thank you for your attention to this matter.

Very truly yours,

*Richard A. France, D.D.S.*

Richard A. France, D.D.S.

RAF:jaf