2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06314

1. Entity Name

RAY L. POLLOCK & ASSOCIATES, D.D.S., P.A.



FILED Jan 27, 2005 08:00 AM Secretary of State

Principal Place of Business

1325 S. PINE ST. SUITE 103 MELBQURNE, FL 32901

Mailing Address

1325 S. PINE ST. SUITE 103 MELBOURNE, FL 32901



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59-2053647 5. Certificate of Status Desired Fee Required

4. FEI Number

Applied For Not Applicable \$8.75 Additional

321-724-4520

5. Name and Address of Current Registered Agent

KANCILIA, JOHN 1800 W HIBISCUS BLVD #138 MELBOURNE, FL 32901

SIGNATURE:

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 late if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.		cing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS			***************************************		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLLOCK, RAY L 1325 S PINE ST #103 MELBOURNE, FL						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		:			110000198635 01/27/05-80059-009 15 0.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.							

RAYL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR