2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #F06314

1. Entity Name RAY L. POLLOCK & ASSOCIATES, D.D.S., P.A.



FILED Apr 14, 2006 08:00 AN Secretary of State

Principal Place of Business 1325 S. PINE ST. SUITE 103 MELBOURNE, FL 32901 Mailing Address

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



DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plons of registered agent.	urpose of changing its registers	d office or	registered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title it	applicable. (NOTE, Registered	Agent signatur	e required when reinstating)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			I to manage a material or distribution
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLLOCK, RAY L 1325 S PINE ST #103 MELBOURNE, FL		U00000510454^M 04/29/06-80010-001 150.00^M		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				**	
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					

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06

34-7-4-4520

Dayti