

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90136 005 ***150.00

DOCUMENT # F45971

1. Entity Name

GARY B. SPENCE, D.D.S., P.A.



Principal Place of Business
427 S CHICKSAW TRAIL
ORLANDO FL 32825

Mailing Address
427 S CHICKSAW TRAIL
ORLANDO FL 32825



2. Principal Place of Business

531 So. Chickasaw Tr.
Suite Apt. #, etc.
#255

3. Mailing Address

531 So. Chickasaw Tr.
Suite Apt. #, etc.
255

1st MOORE

CR2E034 (10/05)

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-2388707

Applied For

Not Applicable

Zip

32825 FL

Country

Orange

Zip

32825

Country

Orange

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPENCE, GARY B., DDS
427 SOUTH CHICKSAW TRAIL
ORLANDO FL 32825

7. Name and Address of New Registered Agent

Name Spence, Gary B., D.D.S.

Street Address (P.O. Box Number is Not Acceptable)

531 So. Chickasaw Tr.

Suite 255

City

Orlando

FL

Zip Code

32825

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

Gary B. Spence Gary B. Spence

2-28-05

Signature, typed or printed name of registered agent and title if applicable

(NOT: Registered Agent signature required when reinstating)

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 Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SPENCE, GARY B
STREET ADDRESS 9616 TETLEY CT.
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Gary B. Spence Gary B. Spence

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-06

Date

407-277-3341

Daytime Phone #