

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # F45971

1. Entity Name

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



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

03-28-2006 90136 005 ***150.00



1st MOORE CR2E034 (10/05)

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	
City & State Orlando, FL Zip 32825		City & State Orlando, FL Zip 32825	
Country Orange	Country Orange	4. FEI Number 59-2388707	
6. Name and Address of Current Registered Agent SPENCE, GARY B., DDS 427 SOUTH CHICKSAW TRAIL ORLANDO FL 32825		5. Certificate of Status Desired □ \$8.75 Additional Fee Required	
		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: <u>Gary B. Spence</u>		Gary B. Spence (NOTE: Registered Agent signature required when reinstating) DATE: 3-28-05	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME SPENCE, GARY B	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS CITY-ST-ZIP	9616 TETLEY CT. ORLANDO FL		□ Change <input type="checkbox"/> Addition
TITLE	NAME	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS CITY-ST-ZIP			□ Change <input type="checkbox"/> Addition
TITLE	NAME	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS CITY-ST-ZIP			□ Change <input type="checkbox"/> Addition
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STREET ADDRESS CITY-ST-ZIP			□ Change <input type="checkbox"/> Addition
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STREET ADDRESS CITY-ST-ZIP			□ Change <input type="checkbox"/> Addition
TITLE	NAME	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS CITY-ST-ZIP			□ Change <input type="checkbox"/> Addition

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 #