

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2005 8:00 am
Secretary of State

07-01-2005 90001 011 ***150.00

DOCUMENT # F59582

1. Entity Name
DAN B. HENRY, D.D.S., P.A.



Principal Place of Business
**C/O DAN B. HENRY, D.D.S.
4627 N. DAVIS HWY., BLDG. A
PENSACOLA, FL 32503**

Mailing Address
**C/O DAN B. HENRY, D.D.S.
4627 N. DAVIS HWY., BLDG. A
PENSACOLA, FL 32503**

20060940



06282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2148657

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HENRY, DAN B., D.D.S.
4627 N DAVIS HWY
PENSACOLA, FL 32503**

Name

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

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HENRY, DAN B
STREET ADDRESS 4627 N DAVIS HWY BLDG A
CITY-ST-ZIP PENSACOLA, 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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-27-05

ATTACHMENT
20060440

DICKSON & CO., P.A.

CERTIFIED PUBLIC ACCOUNTANTS

Barry E. Dickson, CPA

June 28, 2005

State of Florida
DIVISION OF CORPORATIONS
P.O. Box 1500
Tallahassee, FL 32302-1500

**RE: 2005 For Profit Corporation Annual Report
Document Number: F59582**

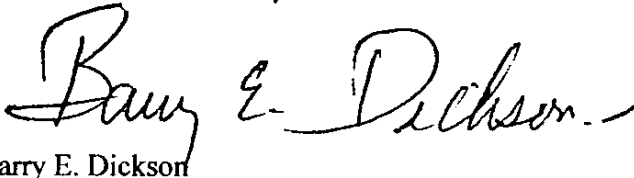
To Whom it May Concern:

Please be advised that Dr. Dan Henry did not receive prior notification to file his 2005 for Profit Corporation Annual Report. The required filing fee of \$150.00 is included with the filing of this report. We therefore ask that the \$400.00 late filing fee be abated at this time.

Thank you in advance for your prompt attention to this matter. Should you have any questions, please do not hesitate to call our office at the number listed below.

Very truly yours,

DICKSON & CO., P.A.



Barry E. Dickson

BED/ah