


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F93000005454 1. Entity Name FRANKLIN W. QUILLIN, JR., DDS. PROFESSIONAL CORPORATION					
Principal Place of Business 315 N. LAKEMONT AVENUE SUITE D WINTER PARK FL 32792			Mailing Address 315 N. LAKEMONT AVENUE SUITE D WINTER PARK FL 32792		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 55-0578008	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent QUILLIN, FRANKLIN W JR 315 N. LAKEMONT AVENUE SUITE D WINTER PARK FL 32792				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC QUILLIN, FRANKLIN W JR 315 N. LAKEMONT AVENUE SUITE D WINTER PARK FL 32790	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD OXLEY, LEON K 401 10TH STREET HUNTINGTON WV 25701	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowered					
SIGNATURE: <i>Franklin W. Quillin Jr</i> Franklin W. Quillin Jr 1-27-05 407-645-2425 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



1st MOORE CR2E034 (10/04)

55-0578008 Applied For
Not Applicable

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7. Name and Address of New Registered Agent

Name

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

City

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Make Check Payable to Florida Department of State

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Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

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TITLE
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STREET ADDRESS
CITY - ST - ZIP
PC
QUILLIN, FRANKLIN W JR
315 N. LAKEMONT AVENUE SUITE D
WINTER PARK FL 32790

☐ Delete

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CITY - ST - ZIP
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401 10TH STREET
HUNTINGTON WV 25701

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SIGNATURE:

Franklin W. Quillin Jr **Franklin W. Quillin Jr** 1-27-05 407-645-2425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #