


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # F98613 1. Entity Name ROBERT E. MOUNT, JR., D.D.S., P.A. |  |
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|---|---|
| Principal Place of Business 110 EAST PARK AVENUE 110 EAST PARK AVE. CHIEFLAND, FL 32626 US | Mailing Address 110 EAST PARK AVENUE P O BOX 1416 CHIEFLAND, FL 32644 US |
|---|---|



01092006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

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|-----------------------------|-------------------------------|
| 4. FSI Number 59-2219525 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent MOUNT, ROBERT E JR 110 EAST PARK AVENUE CHIEFLAND, FL 32626 |
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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

1100000405537
02/07/06-80043-021 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSD MOUNT, ROBERT E JR 110 EAST PARK AVENUE CHIEFLAND, FL 32626 |
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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: Robert E. Mount Jr DDS Robert E. Mount Jr. DDS Pres 1/24/06 352-493-1416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #