

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 11, 2006 08:00 AM
Secretary of State**

DOCUMENT # G26465

1. Entity Name

GREGORY R. FILION, D.D.S., P.A.



Principal Place of Business

32850 U.S. HIGHWAY 19 NORTH
PALM HARBOR, FL 34684

Mailing Address

32850 U.S. HIGHWAY 19 NORTH
PALM HARBOR, FL 34684



01042006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2300244

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FILION, GREGORY R D.D.S.
32850 U.S. HIGHWAY 19 NORTH
PALM HARBOR, FL 34684

**DO NOT WRITE
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

Gregory R. Filion DDS
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-4-06

**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

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME FILION, GREGORY R DDS
STREET ADDRESS 32850 US HIGHWAY 19 NORTH
CITY-ST-ZIP PALM HARBOR, FL 34684

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U00000382176
01/11/06-80084-025 150.00

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IN THIS SPACE**

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:

Gregory R. Filion DDS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-06

727-785-6511