

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H05679

1. Entity Name
WENDELL S. MORRISON, D.D.S., P.A.



Principal Place of Business
5425 Verna Blvd
Jacksonville, FL 32205

Mailing Address
5425 Verna Blvd
Jacksonville, FL 32205

FILED

05 MAY -6 PM 12: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2433565

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORRISON, WENDELL S
5425 Verna Blvd.
Jacksonville, FL 32205

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P
MORRISON, WENDELL S.
14645 MARSH VIEW DR
JACKSONVILLE, FL 32250

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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200054013422
05/06/05--01063--010 **550.00

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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:

Wendell Morrison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/2005 (904) 783-1633
Date Daytime Phone #

519 92