


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90225 010 ***150.00

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		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 14645 MARSH VIEW DR. Suite, Apt. #, etc.			
City & State 		City & State JACKSONVILLE BEACH, FL		4. FEI Number 59-2433565	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32250		Country DUVAL		Applied For Not Applicable	
6. Name and Address of Current Registered Agent MORRISON, WENDELL S 5425 VERNA BLVD. JACKSONVILLE, FL 32205			7. Name and Address of New Registered Agent Name MORRISON, WENDELL S. Street Address (P.O. Box Number is Not Acceptable) 14645 MARSH VIEW DRIVE City JACKSONVILLE BEACH, FL Zip Code 32250		
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 <u><i>Wendell Morrison</i></u> DATE <u>4/28/2006</u> <small>Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MORRISON, WENDELL S. 14645 MARSH VIEW DR JACKSONVILLE, FL 32250	<input type="checkbox"/> Delete			
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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: <u><i>Wendell Morrison</i></u> DATE <u>4/28/2006</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		