2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2006 08:00 AM Secretary of State

ANNUAL REPORT	
DOCUMENT # H66613	
1. Entity Name	-

Principal Place of Business

% GORDON E. BYERS, D.D.S. 835 ZZND STREET VERO BEACH, FL 32960-5104 Mailing Address

% GORDON E. BYERS, D.D.S. 835 22ND STREET VERO BEACH, FL 32960-5104



DO NOT WRITE IN THIS SPACE

02092006 No Chý-P CR2E034 (11/05)

4. FEI Number 59-2550950 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Hame and Address of Current Registered Agent

BYERS, GORDON E. D.D.S. 835 22ND STREET SEVILLE, FL 32190

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registered off	ice or «	egistered agent, or bott	h, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title t	applicable (NOTE, Registered Agent	signature	required when reinstating)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Erection Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	TORS		THE PARTY OF THE P	· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZP	DP BYERS, GORDON E. D.D.S. 835 22ND STREET VERO BEACH, FL 329605104	 			000000542755 05/10/06-80108-025 150.00
THRE NAME STITET ADDRESS CITY-ST-ZIP TITLE				English Same	
NAME STREET ADDRESS CITY-ST-IP				. DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	[HIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STRCET ADDRESS CITY-ST-ZIP					
indicated	on this report or supplemental report is true a	nd accurate and that my signature si	hali hav	e ine same legal etteci	Florida Statutes. I further certify that the information tas if made under oath; that I am an officer or directors; 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.

ISIGNATURE: Sers to 4/2/16

SIGNATURE AND TIPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytima Phone it