

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90028 031 ***150.00

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DOCUMENT # J00058 1. Entity Name RONALD B. MOUSSETTE, D.C., P.A.					
Principal Place of Business 712 S 441 LADY LAKE, FL 32159			Mailing Address 712 S 441 LADY LAKE, FL 32159		
2. Principal Place of Business 712 SOUTH HIGHWAY 441/27		3. Mailing Address 712 SOUTH HIGHWAY 441/27			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LADY LAKE, FL		City & State LADY LAKE, FL		4. FEI Number 59-2484617	
Zip 32159		Country US		Applied For <input type="checkbox"/> Not Applicable	
Zip 32159		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOUSSETTE, RONALD B. 1028-B W. NORTH BLVD. LEESBURG, FL 34748			7. Name and Address of New Registered Agent Name MOUSSETTE, RONALD B Street Address (P.O. Box Number is Not Acceptable) 712 SOUTH HIGHWAY 441/27 City LADY LAKE FL Zip Code 32159		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</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	PSV MOUSSETTE, RONALD B. 712 S 441 LADY LAKE, FL 32159 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSV MOUSSETTE, RONALD B 712 SOUTH HIGHWAY 441/27 LADY LAKE, FL 32159 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>R Moussette</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/16/06 352 7505310 <small>Date Daytime Phone #</small>		