

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90260 026 ***150.00

DOCUMENT # K47527

1. Entity Name
CAMPBELL AND TRAMMELL FAMILY AND COSMETIC DENTISTRY, P.A.



Principal Place of Business Mailing Address

% CHARLES E. CAMPBELL
 111 BEVERLY PARKWAY
 PENSACOLA FL 32505

% CHARLES E. CAMPBELL
 111 BEVERLY PARKWAY
 PENSACOLA FL 32505



2. Principal Place of Business 3. Mailing Address

151 W. Airport Blvd. **151 W. Airport Blvd**

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State City & State

Pensacola FL **Pensacola FL**

4. FEI Number Applied For

59-2915275 Not Applicable

Zip Country Zip Country

32505 USA **32505 USA**

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

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6. Name and Address of Current Registered Agent

CAMPBELL, CHARLES E.
111 BEVERLY PARKWAY
PENSACOLA FL 32505

7. Name and Address of New Registered Agent

Name **Campbell, Charles E.**

Street Address (P.O. Box Number is Not Acceptable)
151 W. Airport Blvd.

City **Pensacola** FL Zip Code **32505**

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.

X. SIGNATURE *C. E. Campbell* DATE **3-3-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TRAMMELL, ANDREW E 111 BEVERLY PARKWAY PENSACOLA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trammell, Andrew E. 151 W. Airport Blvd. Pensacola, FL 32505	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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 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: *C. E. Campbell* C. E. Campbell 3/3/05 (850) 432-2892

Signature and typed or printed name of signing officer or director Date Daytime Phone #