

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90075 039 ***150.00

DOCUMENT # K47527

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



Principal Place of Business Mailing Address
151 W AIRPORT BLVD **151 W AIRPORT BLVD**
PENSACOLA, FL 32505 **PENSACOLA, FL 32505**

2. Principal Place of Business 3. Mailing Address
151 W. Airport Blvd. (same) **151 W. Airport Blvd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Pensacola, FL **Pensacola FL**
 Zip Country Zip Country
32505 **USA** **32505** **USA**



05052006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-2915275 Not Applicable

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

6. Name and Address of Current Registered Agent

CAMPBELL, CHARLES E.
151 W AIRPORT BLVD
PENSACOLA, FL 32505

Name _____
 Street _____
 City _____

Annual report never received at our office to submit payment + properly sign form. Spoke to Tyron Scott on 5/5/06 no penalty will apply - do to never received.

8. The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent. accept

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent sign)

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TRAMMELL, ANDREW E 151 W AIRPORT BLVD PENSACOLA, FL 32505 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Campbell, Charles 151 W. Airport Blvd. Pensacola, FL 32505 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Campbell, Charles 151 W. Airport Blvd. Pensacola, FL 32505 <input type="checkbox"/> Change <input checked="" 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: *CB Campbell* 5-5-06 (850) 477-5252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #