


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90295 024 ***150.00

DOCUMENT # K58621																																																																																																																																			
1. Entity Name THURSTON DENTAL ASSOCIATES, P.A.																																																																																																																																			
Principal Place of Business % FREDERICK D. THURSTON 308 E. PARK AUBURNDALE, FL 33823			Mailing Address % FREDERICK D. THURSTON 308 E. PARK AUBURNDALE, FL 33823																																																																																																																																
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				Country																																																																																																																															
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																																																															
THURSTON, FREDERICK D. 308 E. PARK AUBURNDALE, FL 33823				Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																																															
				FL Zip Code																																																																																																																															
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																			
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/20/05 863968-7548 <small>Date Daytime Phone #</small>																																																																																																																																

40068447



04192005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2934085

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

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