

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # K63547	
1. Entity Name RESTORATIVE AND IMPLANT SOLUTIONS INC.	

Principal Place of Business 3885 SW KAKOPO ST PORT SAINT LUCIE, FL 34953 US	Mailing Address 3885 SW KAKOPO ST SUITE D PORT SAINT LUCIE, FL 34953 US
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02082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0097634	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SLATER, ROBERT W, CPA 214 BRAZILIAN AVE, STE 221 PALM BEACH, FL 33480

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHICKEY, KENNETH A. 3885 SW KAKOPO ST PORT SAINT LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHICKEY, BETTY J. 1562 SE CROWN ST PORT SAINT LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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 I am empowered.

SIGNATURE: *Betty J. Chickey Director* **3/14/06** **772-343-9923**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #