

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K77280

FILED
Jun 08, 2007
Secretary of State

Entity Name: FRANCIS JOHN DUCOIN, D.M.D., P.A.

Current Principal Place of Business:

808 EAST OCEAN BLVD.
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

808 EAST OCEAN BLVD.
STUART, FL 34994

New Mailing Address:

FEI Number: 65-0114082

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUCOIN, FRANCIS JOHN
808 EAST OCEAN BLVD.
STUART, FL 34994 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: DUCOIN, FRANCIS J DR
Address: 808 EAST OCEAN BLVD.
City-St-Zip: STUART, FL 34994

Title: DIR () Delete
Name: DUCOIN, MARY JANE MRS.
Address: 2187 NW PINE LAKE DR.
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCIS DUCOIN

DR.

06/08/2007

Electronic Signature of Signing Officer or Director

Date