


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 11, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # L47876</b> 1. Entity Name DR. EDWARD L. STAUDT, DDS., AND DR. KENNETH L. STAUDT, DDS, MPH, A PROFESSIONAL ASSOCIATION	
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Principal Place of Business C/O DR. EDWARD L. STAUDT, DDS 944 BRIDGEWATER DRIVE PORT ORANGE, FL 32119	Mailing Address C/O DR. EDWARD L. STAUDT, DDS 944 BRIDGEWATER DRIVE PORT ORANGE, FL 32119
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01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2995490	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  STAUDT, EDWARD L. DDS DR. 944 BRIDGEWATER DRIVE PORT ORANGE, FL 32119
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**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 re-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 STAUDT, DR. EDWARD L.DDS 944 BRIDGEWATER DRIVE PORT ORANGE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAUDT, DR. KENNETH L D 944 BRIDGEWATER DR PT ORANGE, FL
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1100000382648  
01/12/06-80020-011 150.00

**DO NOT WRITE  
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 like empowered.

SIGNATURE: Edward L. Staudt  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-31-05 3867568953  
Date Daytime Phone #