

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90231 001 ***150.00

60033850



04272006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0057709
Applied For
Not Applicable

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

DOCUMENT # M86678
1. Entity Name
DENT & ASSOCIATES, P.A.



Principal Place of Business
% JOHN C. DENT, JR.
330 S. ORANGE AVE.
SARASOTA, FL 34236 US

Mailing Address
P.O. BOX 3259
SARASOTA, FL 34230 US

2. Principal Place of Business
% John C. Dent, Jr.
3415 Magic Oak Lane
Suite, Apt. #, etc.
City & State
Sarasota FL
Zip
34232 Country
US

3. Mailing Address
3415 Magic Oak Lane
Suite, Apt. #, etc.
City & State
Sarasota FL
Zip
34232 Country
US

6. Name and Address of Current Registered Agent
DENT, JOHN C., JR.
330 S. ORANGE AVE.
SARASOTA, FL 34236

7. Name and Address of New Registered Agent
Name
Dent, John C., Jr.
Street Address (P.O. Box Number is Not Acceptable)
3415 Magic Oak Lane
City
Sarasota FL Zip Code
34232

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 John C. Dent Jr. 4/27/06
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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POTS DENT, JOHN C., JR. 660 GOLDEN GATE POINT, #62 SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: John C. Dent Jr. 4/27/06 941952-1070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #