2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2005
Secretary of State

DOCUMENT# P00000068401

Entity Name: JOSEPH M. KILMAN, D.M.D., P.A.

Current Principal Place of Business:

1974 SR 44
NEW SMYRNA BEACH, FL 32168 US

New Principal Place of Business:

Current Mailing Address:

728 NEAL STREET
NEW SMYRNA BEACH, FL 32168 US

New Mailing Address:

FEI Number: 59-3659081 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARKIN, MARSHALL H ESQ
149-P SOUTH RIDGEWOOD AVE STE 710
DAYTONA BEACH, FL 32114 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: P ( ) Delete
Name: KILMAN, JOSEPH M DMD
Address: 728 NEAL STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: V ( ) Delete
Name: KILMAN, ANITA M
Address: 728 NEAL STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: T ( ) Delete
Name: KILMAN, AARON
Address: 6367 FAIRWAY COVER DR
City-St-Zip: PORT ORANGE, FL 32129

Title: S ( ) Delete
Name: KILMAN, MIKE E
Address: 242 GARY AVE
City-St-Zip: OAKHILL, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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 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: JOSEPH M. KILMAN, DMD PRES 07/12/2005
Electronic Signature of Signing Officer or Director Date