

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 31, 2006 08:00 AM
Secretary of State



1st MOORE CR2E034 (10/05)

DOCUMENT # P01000023143 1. Entity Name W. ROGER LONG, D.D.S., P.A.																										
Principal Place of Business 1511 SOUTH 25TH STREET SUITE A FT PIERCE FL 34947			Mailing Address 1511 SOUTH 25TH STREET SUITE A FT PIERCE FL 34947																							
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																							
City & State			City & State																							
Zip		Country		4. FEI Number 65-1076951																						
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																						
6. Name and Address of Current Registered Agent FOWLER, MICHAEL D 8906 RUSSO ROAD FT PIERCE FL 34951				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																						
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 _____ (NOTE: Registered Agent signature required when reconstituting)																										
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div> 9. Election Campaign Financing \$5.00 May 1 Trust Fund Contribution. <input type="checkbox"/> Added to Fees </div> </div>																										
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">PD</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ROGER, LONG DDS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1511 S 25 STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT PIERCE FL 34947</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input type="checkbox"/> Delete	NAME	ROGER, LONG DDS		STREET ADDRESS	1511 S 25 STREET		CITY-ST-ZIP	FORT PIERCE FL 34947		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add	STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.																										
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE: <i>W. Roger Long</i> W. Roger Long, D.D.S. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div> 1/24/06 <small>Date</small> </div> <div> 772-464-2943 <small>Daytime Phone #</small> </div> </div>																										