

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90016 002 ***150.00

DOCUMENT # P01000041023 1. Entity Name JON JASON MCKINNEY, D.D.S., P.A.																													
Principal Place of Business 2522 BEAUTYBERRY CIR. E. JACKSONVILLE, FL 32246			Mailing Address 2522 BEAUTYBERRY CIR. E. JACKSONVILLE, FL 32246																										
2. Principal Place of Business 3738 PINCKNEY ISLAND COURT		3. Mailing Address 3738 PINCKNEY ISLAND COURT																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State JACKSONVILLE, FLORIDA		City & State JACKSONVILLE, FLORIDA		4. FEI Number 59-3720047																									
Zip 32224		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent MCKINNEY, JON JASON D.D.S. 2522 BEAUTYBERRY CIR. E. JACKSONVILLE, FL 32246			7. Name and Address of New Registered Agent Name MCKINNEY, JON JASON D.D.S. Street Address (P.O. Box Number is Not Acceptable) 3738 PINCKNEY ISLAND COURT City JACKSONVILLE FL Zip Code 32224																										
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 3/31/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MCKINNEY, JON JASON D.D.S.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2522 BEAUTYBERRY CIR. E.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32246</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	MCKINNEY, JON JASON D.D.S.		STREET ADDRESS	2522 BEAUTYBERRY CIR. E.		CITY-ST-ZIP	JACKSONVILLE, FL 32246		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: 70%;">XX Change <input type="checkbox"/> Addition</td> <td style="width: 20%;"></td> </tr> <tr> <td>NAME</td> <td>3738 PINCKNEY ISLAND COURT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>JACKSONVILLE, FL 32224</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	XX Change <input type="checkbox"/> Addition		NAME	3738 PINCKNEY ISLAND COURT		STREET ADDRESS	JACKSONVILLE, FL 32224		CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: 3/31/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				904 7455115 <small>Daytime Phone #</small>																									