

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000074308

1. Entity Name
PAUL E. ESTEP, D.D.S., P.A.



Principal Place of Business
520 48TH STREET COURT EAST
BRADENTON, FL 34208

Mailing Address
520 48TH STREET COURT EAST
BRADENTON, FL 34208

FILED
Apr 24, 2006 08:00 AM
Secretary of State



04162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1124730

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KROLL, M. JOAN
200 NORTH FLORIDA AVE
WAUCHULA, FL 33873

**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 _____ (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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPST
ESTEP, PAUL E
520 48TH STREET COURT EAST
BRADENTON, FL 34208

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ESTEP, SHARON
520 48TH STREET COURT EAST
BRADENTON, FL 34208

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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U000000524826
05/04/06-80006-002 150.00

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06
Date

Daytime Phone #