2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000126355

1. Entity Name
MAXINE MONCRIEFFE, D.D.S., P.A.

Principal Place of Business	Mailing Address
250 NORTH ALAFAYA TRAIL SUITE 125 ORLANDO, FL 32828	250 NORTH ALAFAYA TRAIL SUITE 125 ORLANDO, FL 32828

DO NOT WRITE IN THIS SPACE

02162006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1168746
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MONCRIEFFE, MAXINE
3217 WATERBRIDGE COURT
KISSIMMEE, FL 33474-4

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	P
NAME	MONCRIEFFE, MAXINE
STREET ADDRESS	3217 WATER BRIDGE COURT
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	S/T
NAME	BAYLIS, ANDREW F
STREET ADDRESS	3217 WATERBRIDGE COURT
CITY-ST-ZIP	KISSIMMEE, FL 334744
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/01/06-20078-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the ex[illegible]ontained 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 signa[illegible]e 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 requi[illegible] Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addre[illegible] with all other like empowered.

SIGNATURE: _____ 04-13-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT[illegible] Date Daytime Phone #