


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006 8:00 am
Secretary of State

02-14-2006 90002 010 ***150.00

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|--|--|---|---|---|--|
| DOCUMENT # P03000036510 | | | |  | |
| 1. Entity Name JANA C. CALHOUN, D.M.D., P.A. | | | | | |
| Principal Place of Business 3053 4TH ST MARIANNA, FL 32446 | | | Mailing Address 3053 4TH ST MARIANNA, FL 32446 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 55-0828507 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent SWEARINGEN, GLENDA F ESQ 3173 4TH ST MARIANNA, FL 32446 | | | | 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: <u>Jana C. Calhoun, DMD, PA</u> (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. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CALHOUN, JANA C 530 MCDUFF DR ALFORD, FL 32420 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CALHOUN, HERBEA M 530 MC DUFF DR ALFORD, FL 32420 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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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: <u>Jana C. Calhoun, DMD, PA</u> 1-30-06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 850-526-5265 | | | | | |



01242006 Chg-P CR2E034 (11/05)