


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000036510</b> 1. Entity Name JANA C. CALHOUN, D.M.D., P.A.	
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Principal Place of Business 3053 4TH ST MARIANNA, FL 32446	Mailing Address 3053 4TH ST MARIANNA, FL 32446
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**DO NOT WRITE IN THIS SPACE**



01202008 No Chg-P CR2E034 (11/05)

4. FEI Number 55-0828507	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  SWEARINGEN, GLENDA F ESQ 3173 4TH ST MARIANNA, FL 32446
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CALHOUN, JANA C 530 MCDUFF DR ALFORD, FL 32420
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/21/08-80022-007 150.00

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IN THIS SPACE**

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:** Jana C. Calhoun DMD Jana C. Calhoun DMD 1-20-08 850-526-5265  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #