# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 12, 2006**
**Secretary of State**

DOCUMENT# P03000057433

**Entity Name:** ANNA MARIA CARLOW DDS, PA

**Current Principal Place of Business:**

6506 SHADOW CT.
LAKELAND, FL 33813

**New Principal Place of Business:**

**Current Mailing Address:**

6506 SHADOW CT.
LAKELAND, FL 33813

**New Mailing Address:**

**FEI Number: 03-0500032** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARLOW, ANNA
6506 SHADOW CT.
LAKELAND, FL 33813 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: CARLOW, ANNA
Address: 6506 SHADOW CT.
City-St-Zip: LAKELAND, FL 33813

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNA CARLOW D 07/12/2006

Electronic Signature of Signing Officer or Director Date