

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2005 8:00 am
Secretary of State

02-07-2005 90071 024 ***150.00

66004387



1st MOORE CR2E034 (10/04)

DOCUMENT # P04000059511 1. Entity Name DUVAL DENTAL & ASSOCIATES, INC.					
Principal Place of Business 376 NEW BERLIN ROAD SUITE 1 JACKSONVILLE FL 32218			Mailing Address 376 NEW BERLIN ROAD SUITE 1 JACKSONVILLE FL 32218		
2. Principal Place of Business 376 NEW BERLIN RD		3. Mailing Address 376 NEW BERLIN RD			
Suite, Apt. #, etc. 1		Suite, Apt. #, etc. 1			
City & State Jacksonville FLORIDA		City & State JACKSONVILLE, FLORIDA		4. FEI Number 20-0969672	
Zip 32218		Country DUVAL		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent REGENIA J. WILLIAMS, P.A. ATTORNEY AT LAW 5732 NORMANDY BLVD. SUITE 9 JACKSONVILLE FL 32205			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SMITH, DARYL 376 NEW BERLIN ROAD JACKSONVILLE FL 32218 <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 ALFRED, WASHINGTON JR. 6191 SABAL POINT CIRCLE PORT ORANGE FL 32128 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE - SECRETARY ALFRED, WASHINGTON JR. 6191 SABAL PT. CIRCLE PORT ORANGE FL 32128 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SMITH, JESSICA 376 NEW BERLIN ROAD JACKSONVILLE FL 32218 <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	S GREEN, WILLIAM 2378 SOUTHWEST MIRAMAR FL 33079 <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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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><i>Paul E. Smith</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1/31/05</u> Daytime Phone # <u>904 696 8334</u>		