2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State –

ANNUAL REPORT				J	an 13, 20	00 00.00	AIVI
1. Entity Nam			}	Secreta	ary of Sta	te	
BRADLE	Y H. REINER, D.M.D., P.A.						
Principal Place	e of Business	Mailing Address	·	}			
120 43RD A	VE	120 43RD AVE					
VERO BEACH	l, FL 32968	VERO BEACH, FL 32968		1			
]			
	,	TO BE A COMMISSION OF THE PARTY	15		18% 18% 18% 80% 88%		
,				{			
<u></u>	A NOT MIDITE	<u>~ }~</u>	01062006	No Chg-P	CR2E034 (11/05)		
ט	O NOT WRITE	CE.	4. FE) Number] Ac	oplied For	
}				27-0094	<u> 1857 </u>		ot Applicable
				5. Certificate of	of Status Desired	□ \$8.75 Add Fee Require	ditional d
	6. Name and Address of Current Re	agistered Agent		·			
bockloco.	CACT DICHARD I	, ,	-				
PRENDERGAST, RICHARD L 120 43RD AVE			}	DO	NOT W	RITE	
VERO BEA	ACH, FL 32968		}	INI T	HIS SP	ACE	
			1	IIA I	ms sr	ACE	
8. The above the obligati	named entity submits this statement for trions of registered agent.	he purpose of changing its register	ed office or register	red agent, or both	n, in the State of Flo	ida. (am familiar with,	and accept
SIGNATURE_							
	Signature, typed or printed name of registered agent and	tine il applicable. (NOTE Registere	ed Agent signature required	d when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			~ — +	.00 May Be led to Fees			
1D.	OFFICERS AND D	RECTORS	1	Carlotte Company			
TITLE	D	_	I				
NAME	REINER, BRADLEY H						
STREET ADDRESS	120 43RD AVE		Į.		ងរាជាព	inno arma	
CITY-ST-ZIP	VERO BEACH, FL 32968		1		200000 201717 (11	10384574 S-80018-021	100 00
TITLE		·	}		01111106	1 70,010,00	120-12
NAME			l				
STREET ADDRESS			ł				
City-ST-2iP			-{				
THE			}	•	•		
MAME CTOSES ADDRESS			1				
STREET ADDRESS CITY-ST-ZIP			ł	DO	NOT W	RITE	
	<u> </u>		-				
TITLE NAME			}	IN T	THIS SP	ACE	
STREET ADDRESS			1				
CITY-ST-ZIP	}		<u> </u>				
TOTLE		*	1				
NAME			}				
STREET ADDRESS			1				
CITY-ST-ZIP							
TITLE			1				
11416			1				

12. I hereby certify that the information supplied with this filling 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 regel 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 attachated with an address, with all other like empowered.

USE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

STREET ADDRESS

1/10/06 772-564 0724