

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000164480

1. Entry Name

JOSLYN A. VANN, D.D.S, FAMILY, COSMETIC AND SPA
DENTISTRY, INC.



Principal Place of Business

2166 CASSAT AVE.
JACKSONVILLE, FL 32210

Mailing Address

2166 CASSAT AVE.
JACKSONVILLE, FL 32210



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number

20-1971337

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VANN, JOSLYN A.
2166 CASSAT AVE.
JACKSONVILLE, FL 32210

**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 registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10.

OFFICERS AND DIRECTORS

TITLE

D

NAME

VANN, JOSLYN A.

STREET ADDRESS

2166 CASSAT AVE.

CITY-ST-ZIP

JACKSONVILLE, FL 32210

TITLE

NAME

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CITY-ST-ZIP

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CITY-ST-ZIP

000000555184
05/16/06-80022-021 158.75

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06 (904) 384-5700

DATE

Daytime Phone #