

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90139 044 ***150.00

DOCUMENT # P05000093176

1. Entity Name
HERB L. BENNETT, D.M.D., P.A.



Principal Place of Business
**6503 BLANCHE COURT
ORLANDO, FL 32818**

Mailing Address
**6503 BLANCHE COURT
ORLANDO, FL 32818**

40099257



2. Principal Place of Business
120 East Dixie Ave
Suite, Apt. #, etc.

3. Mailing Address
120 East Dixie Ave
Suite, Apt. #, etc.

07112006 Chg-P CR2E034 (11/05)

City & State
Leesburg FL
Zip
34748

City & State
Leesburg FL
Zip
34748

4. FEI Number
28-309132

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BENNETT, HERB L
6503 BLANCHE COURT
ORLANDO, FL 32818**

7. Name and Address of New Registered Agent
Name **Herb L. Bennett Dmd P.A.**
Street Address (P.O. Box Number is Not Acceptable)
120 East Dixie Ave
City **Leesburg** FL Zip Code **34748**

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 **Herb Bennett Dmd** (NOTE: Registered Agent signature required when reinstating) DATE **7/12/06**

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BENNETT, HERB L D.M.D.**
STREET ADDRESS **6503 BLANCHE COURT 120 East Dixie Ave**
CITY-ST-ZIP **ORLANDO, FL 32818 Leesburg FL 34748**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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: **Herb Bennett Dmd** **7/12/07** **352-787-7890**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #