

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90172 008 ***150.00

DOCUMENT # P22639

1. Entity Name

DR. STEVE L. CAUDILL, D.D.S., P.C.



Principal Place of Business

446 MAGNOLIA AVE
MERRITT ISLAND FL 32952

Mailing Address

446 MAGNOLIA AVE
MERRITT ISLAND FL 32952

20046843



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

270 N. Sykes Creek Pkwy
Suite, Apt. #, etc. 104

City & State
Merritt Island, FL

City & State
Merritt Island, FL

Zip
32953

Country
USA

Zip
32953

Country
USA

4. FEI Number
35-1652705

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAUDILL, STEVE L.
446 MAGNOLIA AVE
MERRITT ISLAND FL 32952

Name
Caudill, Steve L.
Street Address (P.O. Box Number is Not Acceptable)

270 N. Sykes Creek Pkwy Suite 104
City Merritt Island FL Zip Code 32953

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 reappointing)

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. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CAUDILL, STEVE L. 446 MAGNOLIA AVE MERRITT ISLAND FL 32952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAUDILL, STEVE L. 446 MAGNOLIA AVE MERRITT ISLAND FL 32952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/05 321-453-2535