## **2006 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

## **DOCUMENT # P22639**

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



## **FILED** Mar 06, 2006 8:00 am Secretary of State

03-06-2006 90013 003 \*\*\*150.00

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Principal Place of Business Ma				Mailing Address					400230	•		
270 N SYKES CREEK PKWY, #104 Merritt Island, FL 32953			2 M	270 N SYKES CREEK PKWY, #104 Merritt Island, Fl 32953					<b>3</b> 0			
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2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				02212006	Chg-P	CR2E	E034 (11/05)	
City & State				City & State				4. FEI Numi 35-16:			<del></del>	pplied For ot Applicat
Zip	Zip Country			−Zlp Coun		itry—		5. Certificat	e of Status Desire	d 🗆	\$8.75 Add	
	6. Name	tered Agent				7. Name an	d Address of Ne	w Registered	1 Agent			
CAUDILL STEVEL						Name						
CAUDILL, STEVE L. 270 N SYKES CREEK PKWY, #104 MERRITT ISLAND, FL 32953					Street Address (P.O. Box Number				ber is Not Accept	able)		
·												
					City					F	L Zip Cod	ie
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 accepted obligations of registered agent.												
SIGNATURE												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campa Trust Fund Con								.00 May Be ed to Fees				
10.	OFFICERS AND DIF			TORS				CHANGES TO	OFFICERS AN	ID DIRECTOR	S IN 11	
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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 trueland accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or direct 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: