

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-06-2006 90013 003 ***150.00

DOCUMENT # P22639

1. Entity Name
DR. STEVE L. CAUDILL, D.D.S., P.C.



Principal Place of Business
270 N SYKES CREEK PKWY, #104
MERRITT ISLAND, FL 32953

Mailing Address
270 N SYKES CREEK PKWY, #104
MERRITT ISLAND, FL 32953

40024000



02212006 Chg-P CR2E034 (11/05)

4. FEI Number
35-1652705

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

6. Name and Address of Current Registered Agent

CAUDILL, STEVE L.
270 N SYKES CREEK PKWY, #104
MERRITT ISLAND, FL 32953

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (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 Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PST
NAME CAUDILL, STEVE L.
STREET ADDRESS 446 MAGNOLIA AVE
CITY-ST-ZIP MERRITT ISLAND, FL 32952 ☐ Delete

TITLE D
NAME CAUDILL, STEVE L.
STREET ADDRESS 446 MAGNOLIA AVE
CITY-ST-ZIP MERRITT ISLAND, FL 32952 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST ☒ Change ☐ Addit
NAME CAUDILL, STEVE L.
STREET ADDRESS 270 N. Sykes Creek Pkwy #104
CITY-ST-ZIP MERRITT ISLAND, FL 32953

TITLE D ☒ Change ☐ Addit
NAME CAUDILL, STEVE L.
STREET ADDRESS 270 N. Sykes Creek Pkwy #104
CITY-ST-ZIP MERRITT ISLAND, FL 32953

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

TITLE ☐ Change ☐ Addit
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CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addit
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

[Handwritten Signature]