2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000039546

CARL L. WESTON, DDS, INC.



FILED May 19, 2006 08:00 A Secretary of State

Principal Place of Business

5692 WINDHOVER DR. ORLANDO, FL 32819

Mailing Address

5692 WINDHOVER DR. ORLANDO, FL 32819



DO NOT WRITE IN THIS SPACE

05162006 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 59-3165329 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WESTON, CARL L 5692 WINDHOVER DR. ORLANDO, FL 32819

DO NOT WRITE

		IN THIS SPACE				
	tions of registered agent.	e purpose of changing its registere	ed office or n	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
	Signature, typed or printed name of registered agent and to	tle if applicable (NOTE: Registered	d Agent signature	required when reinstating)	DATE	
	LE NOWIII FEE IS \$150.00 ue by September 6, 2006	9. Election Campaign Finan Trust Fund Contribution.	ocing	\$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 DIR	ECTORS	<u> </u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESTON, CARL L 5692 WINDHOVER DR. ORLANDO, FL 32819			U00000565438 05/20/06-80132-025 150.00		
NAME STREET ADDRESS CITY-ST-ZIP						
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TITLE '		.4]		·	

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 w

CICMATHDE.

STREET ADDRESS