

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 24, 2005 08:00 AM
Secretary of State**

DOCUMENT #P93000087276

1. Entity Name

KENNETH L. MUNDY, D.D.S., P.A.



Principal Place of Business

4326 HIGHLAND PARK BLVD.
LAKELAND, FL 33813

Mailing Address

4326 HIGHLAND PARK BLVD.
LAKELAND, FL 33813



01132005

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3213346

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MUNDY, KENNETH L D.D.S.
4326 HIGHLAND PARK BLVD.
LAKELAND, FL 33813

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IN THIS SPACE**

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTS
MUNDY, KENNETH L D.D.S.
4326 HIGHLAND PARK BLVD.
LAKELAND, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000241975
02/24/05-80066-007 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Kenneth L. Mundy DDS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/05
Date

863 6446418
Daytime Phone #