

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90107 011 ***150.00

DOCUMENT # P95000011374

1. Entity Name
PAUL THE DENT MAN, INC.



Principal Place of Business
**1843 BARN OWL WAY
PALM HARBOR, FL 34683**

Mailing Address
**1843 BARN OWL WAY
PALM HARBOR, FL 34683**

00010340



2. Principal Place of Business
18014 AKINS DR
Suite, Apt. #, etc.

3. Mailing Address
18014 AKINS DR
Suite, Apt. #, etc.

02242006 Chg-P CR2E034 (11/05)

City & State
Spring Hill, FL
Zip **34610** Country **HERNANDO**

City & State
Spring Hill FL
Zip **34610** Country **HERNANDO**

4. FEI Number
59-3294558
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**PARETTA, PAUL
1843 BARN OWL WAY
PALM HARBOR, FL 34683**

7. Name and Address of New Registered Agent

Name
PARETTA PAUL
Street Address (P.O. Box Number is Not Acceptable)
18014 AKINS DR

City **Spring Hill, FL** Zip Code **34610**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P**
PARETTA, PAUL W
STREET ADDRESS **1843 BARN OWL WAY**
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE ☐ Delete
NAME **T**
PARETTA, TONY
STREET ADDRESS **11554 S. W. 136TH PLACE**
CITY-ST-ZIP **DUNNELLON, FL 34432**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **18014 AKINS DR**
CITY-ST-ZIP **Spring Hill FL 34610**

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

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TITLE ☐ Change ☐ Addition
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 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 #