## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT

## **Secretary of State** 01-17-2006 90256 004 \*\*\*150.00 DOCUMENT # P95000042562 DAVID A. STEVENS, D.M.D., P.A. AUUUVVV. Principal Place of Business Mailing Address 2140 LAKE VIEW DR 2140 LAKE VIEW DR SEBRING, FL 33870 SEBRING, FL 33870 01102006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0586792 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STEVENS, DAVID A DO NOT WRITE 2140 LAKÉ VIEW DR SEBRING, FL 33871 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 title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE STEVENS, DAVID A 2140 LAKEVIEW DR STREET ADDRESS CITY-ST-ZIP SEBRING, FL 33870 NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-\$7-ZIP

FILED Jan 17, 2006 8:00 am

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 is changed, or on an attack-opent with an address, with all other like empowered. 1/10/66\_863-38S-

**SIGNATURE** 

NAME STREET ADDRESS CITY-ST-ZIP