2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** DOCUMENT # P96000006539 Jan 31, 2006 08:00 AN 1. Entity Name **Secretary of State** GEORGE T. MARKS, D.D.S., P.A. Principal Place of Business Mailing Address 111 BRINY AVENUE 111 BRINY AVENUE POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0718900 Not Applicat Zıp Zio Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARKS, GEORGE T Street Address (P.O. Box Number is Not Acceptable) 111 BRINY AVENUE POMPANO BEACH FL 33062 Zip Code City 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 accurately the obligations of registered agent SIGNATURE Signature, typed or pretted name of registered agent and title it applicable (NOTE Registered Again signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May: After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fee-Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Ad.: U00000408311 MARKS, GEORGE T NAME NAME 02/08/06-80053-016 150.00 111 BRINY AVENUE APT. 1505 STREET ADDRESS STREET ADDRESS CITY-ST-7IP POMPANO BEACH FL 33062 CITY-ST-ZIP THLE ☐ Delete TITLE ☐ Change ☐ Adi: NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete HAE Change MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EITY-SI-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Aª NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-Z/P Delete TITLE TITLE ☐ Change ☐ Ari₀ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Add NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direct 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE: