

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000036996

1. Entity Name
SONDRA L. AVANT D.D.S., M.S., P.A.



Principal Place of Business
**731 DUNLAWTON AVENUE
SUITE 105
PORT ORANGE, FL 32127**

Mailing Address
**731 DUNLAWTON AVENUE
SUITE 105
PORT ORANGE, FL 32127**



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3451390

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**AVANT, SONDRA L D.D.S
731 DUNLAWTON AVENUE
SUITE 105
PORT ORANGE, FL 32127**

**DO NOT WRITE
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)

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 PD
NAME AVANT, SONDRA L
STREET ADDRESS 731 DUNLAWTON AVE., SUITE 105
CITY- ST- ZIP PORT ORANGE, FL 32127

TITLE VD
NAME AVANT, HUGH
STREET ADDRESS 1330 N. PENINSULA DR.
CITY- ST- ZIP NEW SMYRNA BEACH, FL 32169

TITLE SD
NAME AVANT, STELLA M
STREET ADDRESS 1330 N. PENINSULA DR.
CITY- ST- ZIP NEW SMYRNA BEACH, FL 32169

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000388183
01/19/06-80068-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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

HUGH B. AVANT 1-12-06

Date

Daytime Phone #