2006 FOR PROFIT CORPORATION ANNUAL REPORT

CUMENT # P98000048982

ntly Name THE MAIN STREET DENTISTS, INC.

FILED Jan 09, 2006 08:00 AM Secretary of State

Principal Place of Business 606 W MAGNOLIA ST

LEESBURG, FL 34748

Mailing Address

606 W MAGNOLIA ST LEESBURG, FL 34748



## DO NOT WRITE IN THIS SPACE

01042006	No Chg-P	CR2E034 (1	4 (11/05)	
4. FEI Numbe			Applied For	
50.351/	1012		Mot Applicab	

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MEHR, JON D 606 W MAGNOLIA ST LEESBURG, FL 34748

SIGNATURE:-

## DO NOT WRITE IN THIS SPACE

<ol> <li>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. It am familiar with, and accept the obligations of registered agent.</li> </ol>							
SIGNATURE Squarure, typed or printed name of registered agent and trile if applicable. (NOTE: Registered Agent signature required when renetating)  OATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	///00000380061 01/10/06-80047-006 150.00		
10.	ÖFFICERS AND DIREC	TORS			<del>andressa and an andressa and the section of the section of an angle of the section of the secti</del>		
Title Name Street address City-St-Zip	P MEHR, JON DR 806 W MAGNOLIA ST LEESBURG, FL 34748		-	·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MEHR, BRIDGES 606 W MAGNOLIA ST LEESBURG, FL 34748						
TITLE NAME STREET AUDRESS CITY-ST-ZIP				DO	NOT WRITE		
Ticle Name Street address City-St-Zip				IN T	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					,		
TITLE NAME STREET ADDRESS EXTY-ST-ZIP							
12. Thereby certify that the information supplied with this filling 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 807, 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.							