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

FILED DOCUMENT # P98000101002 06 FEB 22 PM 4: 36 HIGHLAND LAKES DENTAL, PA SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 26540 ACE AVE 26540 ACE AVE SUITE G SUITE G LEESBURG, FL 34748 LEESBURG, FL 34748 01122006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3543176 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SMITH, LEON DO NOT WRITE 3333 N HWY 27 /441 FRUITLAND PARK, FL 34731 -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 2110106 SIGNATURE. (NOTE: Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE SMITH, LEON F 3333 N HWY 27/441 STREET ADDRESS CITY-ST-ZIP FRUITLAND PARK, FL 34731 000000334327 01/26/06-80006-007 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-\$1-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CiTY-ST-ZIP TITLE NAME STREET ADORESS 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. 10/06 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #