

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000043611

FILED
Mar 16, 2006
Secretary of State

Entity Name: STEVEN C. MCNUTT, D.D.S., P.A.

Current Principal Place of Business:

320 AVE K SE
STE 2
WINTER HAVEN, FL 33880

Current Mailing Address:

320 AVE K SE
STE 2
WINTER HAVEN, FL 33880

New Principal Place of Business:

320 AVENUE K SE
STE 2
WINTER HAVEN, FL 33880

New Mailing Address:

320 AVENUE K SE
STE 2
WINTER HAVEN, FL 33880

FEI Number: 59-3586450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCNUTT, STEVEN C
320 AVE K STE 2
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

MCNUTT, STEVEN C
320 AVENUE K SE
SUITE 2
WINTER HAVEN, FL 33880 US

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.

SIGNATURE:

03/16/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CRAIG MCNUTT, STEVEN D.D.S.
Address: 320 AVE K SE STE 2
City-St-Zip: WINTER HAVEN, FL 33880

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MCNUTT, STEVEN C D.D.S.
Address: 320 AVENUE K SE SUITE 2
City-St-Zip: WINTER HAVEN, FL 33880

Title: MRS. () Change (X) Addition
Name: DRIESLER, JOLEE D
Address: 320 AVENUE K SE SUITE 2
City-St-Zip: WINTER HAVEN, FL 33880

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOLEE D. DRIESLER

MRS.

03/16/2006

Electronic Signature of Signing Officer or Director

Date