

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P99000108710	
1. Entity Name KYLE STUART, D.M.D., P.A.	

Principal Place of Business 216-B N MAIN ST TRENTON, FL 32693	Mailing Address PO BOX 455 MCINTOSH, FL 32664
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01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number 59-3618328	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

STUART, KYLE
6121 WEST HIGHWAY 320
MCINTOSH, FL 32664

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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.

DATE	DATE
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FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

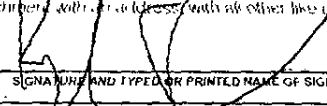
9. Election Campaigns Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
NAME D STUART, KYLE	OFFICE ADDRESS 6121 WEST HIGHWAY 320 MCINTOSH, FL 32664
NAME	OFFICE ADDRESS
NAME	OFFICE ADDRESS
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01/19/06-80058-006 150.00

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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 charged, or on an attachment with an address with all other like empowering.

SIGNATURE:  **1-12-06 (352) 591-4819**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR