2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # \$25153

1. Entity Name

ARTHUR K. MOLZAN, D.D.S., P.A.



FILED Jan 27, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

819 DEL PRADO BLVD. CAPE CORAL, FL 33990 819 DEL PRADO BLVD. CAPE CORAL, FL 33990



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0238924

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

MOLZAN, ARTHUR K. 819 DEL PRADO BLVD. CAPE CORAL, FL 33990

SIGNATURE: _

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	named entity submits this statement for the pons of registered agent.	urpose of changing its re-	gistered office or r	egistered agent, or bo	th, in the State of Florida. I am familiar	with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and fille	rapplicable. (NOTE, R	egistered Agent signature	e required when reinstaling)	DATE	
FILE NOWELL PER IN MUNUS		Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees	#00000405819 02/07/06-80050-018	150.00
10.	ÓFFICERS AND DIREC	TORS			h	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOLZAN, ARTHUR K. 819 DEL PRADO BLVD. CAPE CORAL, FL	ï		· _ .		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby of indicated of the corchanged	certify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee empoweres or on an attachment with an address, with all	iling does not qualify for t and accurate and that my d to execute this report as Il other like empowered.	the exemptions co signature shall ha s required by Chap	nlained in Chapter 11 we the same legal effe oter 607, Florida Statut	9, Florida Statutes. I further certily that it as if made under oath; that I am an des, and that my name appears in Block	the information officer or director 10 or Block 11 if