

FILED

May 03, 2006 08:00 AM
Secretary of State**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # V34266	
1. Entity Name ATHAS N. KOMETAS, D.M.D., P.A.	

Principal Place of Business 3162 S ATLANTIC AVE DAYTONA BEACH SHORES, FL 32118	Mailing Address 3162 S ATLANTIC AVE DAYTONA BEACH SHORES, FL 32118
--	--

DO NOT WRITE IN THIS SPACE

05012006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0340755	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered AgentKOMETAS, ATHAS N
4210 S. PENINSULA
WILBUR BY THE SEA, FL 32127**DO NOT WRITE
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.

SIGNATURE

Signature, typed or printed name of registered agent and their approver

(NOTE: Registered Agent signature required when remaining)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D KOMETAS, ATHAS N. 3162 S ATLANTIC AVE DAYTONA BEACH SHORES, FL 32118
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

1100000560815
05/18/06-80054-013 150.00**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Athas N. Kometas

01 MAY 06

(386) 852-6970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Name)