

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

5/1

FILED
Jun 14, 2006 8:00 am
Secretary of State

05-08-2006 90291 030 ***150.00

DOCUMENT # V19396

1. Entity Name
DENNIS M. JANSSEN, P.A.



Principal Place of Business Mailing Address

1219 W DIXIE AVE 1219 W DIXIE AVE
LEESBURG, FL 34748 US LEESBURG, FL 34748 US

DO NOT WRITE IN THIS SPACE



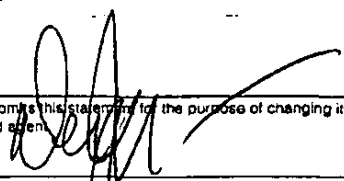
01182006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3108105	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JANSSEN, DENNIS M.
1219 W DIXIE AVENUE
LEESBURG, FL-34748**



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 _____ DATE _____

Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when transferring)


**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

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 JANSSEN, DENNIS M 1219 W DIXIE AVENUE LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **6-12-06 352-326-4400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Corporate Phone #