


# 2007 FOR PROFIT CORPORATION - ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 492422**  
1. Entity Name  
**STANLEY O. DEVRIES, D.D.S., P.A.**



Principal Place of Business      Mailing Address  
11520 OAKHURST RD.      11520 OAKHURST RD.  
LARGO FL 33774      LARGO FL 33774  
US      US



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/06)

City & State      City & State  
Zip      Country      Zip      Country

4. FEI Number      **59-1633829**      Applied For  
Not Applicable  
5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DELOACH, JR., DENNIS R.**  
**8486 SEMINOLE BLVD.**  
**ST. PETERSBURG FL 34642**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

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 \_\_\_\_\_      U00000675342  
03/30/07-80014-022 150.00  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

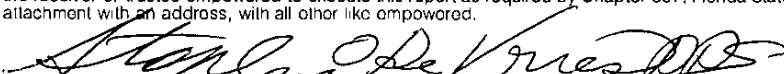
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEVRIES, STANLEY O. <input type="checkbox"/> Delete 11520 OAKHURST RD. LARGO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEVRIES, BETTY M. <input type="checkbox"/> Delete 11520 OAKHURST RD. LARGO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVRIES, GREGORY O. <input type="checkbox"/> Delete 11520 OAKHURST RD. LARGO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAYES, JAMES G. <input type="checkbox"/> Delete 1510 BARRY ST.,STE.D CLEARWATER FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**       3/19/07 (727) 596-2271  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #