


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # H69533
 1. Entity Name
 STEEN F.T. BINDSLEV, D.D.S., P.A.



Principal Place of Business % STEEN F. T. BINDSLEV 19 BALD EAGLE DRIVE MARCO ISLAND, FL 34145	Mailing Address % STEEN F. T. BINDSLEV 19 BALD EAGLE DRIVE MARCO ISLAND, FL 34145
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01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2558088	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
 BINDSLEV, STEEN F. T.
 19 BALD EAGLE DRIVE
 MARCO ISLAND, FL 34145

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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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	DR BINDSLEV, STEEN F. T. 19 BALD EAGLE DRIVE MARCO ISLAND, FL 34145
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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 207, 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: _____ Date: 1/10/07 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR