## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**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

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

Daytime Phone #



## DO NOT WRITE IN THIS SPACE

01082007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 59-2558088 Not Applicable \$8.75 Additional. 5. Certificate of Status Desired 

6. Name and Address of Current Registered Agent

BINDSLEV, STEEN F. T. 19 BALD EAGLE DRIVE MARCO ISLAND, FL 34145

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

the obligations of registered agent.						
SIGNATURE						DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. 55.00 May Be Added to Fees			
10.	OFFICERS AND DIRECTORS					, <u></u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR BINDSLEV, STEEN F. T. 19 BALD EAGLE DRIVE MARCO ISLAND, FL 34145					U00000581142 01/10/07-80076-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP						01/10/07-80076-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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 empoyered 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 empoyered.						