

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 18, 2005 8:00 am
Secretary of State

07-25-2005 90097 008 ***550.00

DOCUMENT # J07522 1. Entity Name JOHN H. GALBERRY, D.D.S., P.A.					
Principal Place of Business % JOHN H. GALBERRY 3003 S. FLORIDA AVE., SUITE 101 LAKELAND FL 33803			Mailing Address % JOHN H. GALBERRY 3003 S. FLORIDA AVE., SUITE 101 LAKELAND FL 33803		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2667209	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GALBERRY, JOHN H. 3003 S. FLORIDA AVE., SUITE 101 LAKELAND FL 33803				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 _____ (NOTE: Registered Agent signature required when transferring) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	GALBERRY, JOHN H.			NAME	
STREET ADDRESS	3003 S. FLORIDA AVE #101			STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL			CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:				Date 8/15/05 Daytime Phone 863-687-8740	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR John H. Galberry D.D.S.					



ATTACHMENT

606025902

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

July 28, 2005

JOHN H. GALBERRY, D.D.S., P.A.
% JOHN H. GALBERRY
3003 S. FLORIDA AVE., SUITE 101
LAKELAND, FL 33803

Subject: **JOHN H. GALBERRY, D.D.S., P.A.**

Reference Number: **J07522**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$550.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION