2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 03, 2008 08:00 Al Secretary of State

DOCUMENT # L67872 1. Entity Name CHARLES A. SARLO JR., D.D.S., P.A.				Secretary of St
CHARLES A. SARLO JR., D.D.S., P.A. 5201 BABCOCK ST. NE, SUITE 8		Mailing Address % CAROLYN SARLO 5201 BABCOCK ST. NE, SUITE PALM BAY, FL 32905-4637	: 6	
·				03212008 No Chq-P CR2E034 (11/05)
DO NOT WRITE IN THIS SPA			CE	4. FEI Number Applied For 59-3013042 Not Applicable
		All Control		5. Certificate of Status Desired \$8.75 Additional Fee Required
SARLO, CAROLYN F 563 LAUREL OAK CT NE PALM BAY, FL 32907 8. The above named entity submits this statement for the purpose of changing its registered the obligations of registered agency. SIGNATURE			red office or register	DO NOT WRITE IN THIS SPACE red agent, or both, in the State of Florida. I am familiar with, and accept Oh L / Will
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Stream of registered Egod and tille if applicable (NOTE: Registered Agent algorature re			ancing _ \$5.	.00 May Be led to Fees
10. IITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF DV SARLO, CAROLYN F. 563 LAUREL OAK CT N.E. PALM BAY, FL 32907	IECTORS .		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SARLO, CHARLES A., JR. 563 LAUREL OAK CT N.E. PALM BAY, FL		_	U00000878699 04/14/08-80066-005 150.00
NAME				

DO NOT WRITE IN THIS SPACE

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 an other time empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF TIGNING OFFICE OR DIRECTOR

gul. 2008 321-954-W6