

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000155004 1. Entity Name ROBERT WALTER PAYNE, DDS, P.A.	
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Principal Place of Business 3015 JEFFERSON STREET SUITE D MARIANNA, FL 32446 US	Mailing Address 3015 JEFFERSON STREET SUITE D MARIANNA, FL 32446 US
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DO NOT WRITE IN THIS SPACE



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 86-1125666	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAYNE, ROBERT W DDS
3015 JEFFERSON STREET
SUITE D
MARIANNA, FL 32446

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IN THIS SPACE**

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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	000000582656 01/11/07-80040-020 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D PAYNE, ROBERT W DDS 3015 JEFFERSON STREET; SUITE D MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T PAYNE, ROBERT W DDS 3015 JEFFERSON STREET, SUITE D MARIANNA, FL 32446
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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: Robert W Payne, DDS Robert W Payne, DDS 1-10-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #