2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000119596

1. Entity Name

GERARD M. FINLEY, D.D.S., P.A.



FILED Mar 07, 2007 08:00 AM Secretary of State

Fee Required

Principal Place of Business

4312 EL PRADO BLVD TAMPA, FL 33629

Mailing Address

4312 EL PRADO BLVD TAMPA, FL 33629



DO NOT WRITE IN THIS SPACE

03012007 No Cng-P		CR2E034 (11/05)		
4. FEI Numbe			Applied For	
54-2133950			Not Applicable	
E Cortificato	of Status Desired		\$8.75 Additional	

6. Name and Address of Current Registered Agent

FINLEY, GERARD M 4312 EL PRADO BLVD TAMPA, FL 33629

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

	named entity submits this statement for the priors of registered agent.	urpose of changing its registered	office or r	egistered agent, or be	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable (NOTE Registered A	gent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financi Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FINLEY, GERARD M 4312 EL PRADO BLVD TAMPA, FL 33629				U00000658645 03/15/07-80046-014 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					33 10 01 330 0 01 100 0	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 ADDRESS 4312 EL PRADO BLVD			DO	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP						
TITLE	-				•	

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:

NAME STREET ADDRESS CITY-ST-ZIP