

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 463977

FILED
Jan 07, 2008
Secretary of State

Entity Name: KNIGHT DENTAL STUDIO, INC.

Current Principal Place of Business:

3659 TAMPA RD
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

3659 TAMPA RD
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 59-1555207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGERS, WARREN H PRES
8146 SILVERMIST PL
TRINITY, FL 34655 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROGERS, WARREN H PRES
Address: 8146 SILVERMIST PL
City-St-Zip: TRINITY, FL 34655

Title: S () Delete
Name: WOJDAN, BARBARA W S
Address: 2374 HILLCREEK CIRCLE EAST
City-St-Zip: CLEARWATER, FL 33759

Title: D () Delete
Name: PINCUS, SCOTT J D
Address: 698 GLENWOOD TERRACE
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D () Delete
Name: HUDI, KEVIN D
Address: 16801 SHANLOW CT
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: CABRAL, KRISTEN D
Address: 124 LAKESIDE DR
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: WOJDAN, BARBARA W SEC
Address: 2374 HILLCREEK CIRCLE EAST
City-St-Zip: CLEARWATER, FL 33759

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: -WARREN H. ROGERS

PRES

01/07/2008

Electronic Signature of Signing Officer or Director

Date