

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # 468877

1. Entity Name
WILLIAM P. STALKER, D.D.S., P.A.



Principal Place of Business
**541 EAST HORATIO AVENUE
SUITE B
MAITLAND, FL 32751**

Mailing Address
**541 EAST HORATIO AVENUE
SUITE B
MAITLAND, FL 32751**



01182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1582749

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STALKER, WILLIAM P.
1100 WILLOWBROOK TRAIL
SUITE B
MAITLAND, FL 32751**

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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**

**000000600761
01/26/07-80023-018 150.00**

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | P |
| NAME | STALKER, WILLIAM P |
| STREET ADDRESS | 1100 WILLOWBROOK TRAIL |
| CITY-ST-ZIP | MAITLAND, FL 32751 |
| TITLE | D |
| NAME | STALKER, WILLIAM P |
| STREET ADDRESS | 1100 WILLOWBROOK TRAIL |
| CITY-ST-ZIP | MAITLAND, FL 32751 |
| TITLE | D |
| NAME | STALKER, WILLIAM P |
| STREET ADDRESS | 1100 WILLOWBROOK TRAIL |
| CITY-ST-ZIP | MAITLAND, FL 32751 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**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 all other like empowered.

SIGNATURE:

William P. Stalker, DDS

William P. Stalker, DDS

1-22-07

Date

407-645-1771

Daytime Phone #