## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 19, 2008 8:00 am **Secretary of State DOCUMENT # 485211** 1. Entity Name 03-19-2008 90021 001 \*\*\*150.00 LEWIS P. MANN D.D.S., P.A. Principal Place of Business Mailing Address 39151 WOODLAND DR 39151 WOODLAND DR 40048950 ZEPHYRHILLS, FL 33540 ZEPHYRHILLS, FL 33540 No Chg-P 02202008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1614624 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MANN LEWIS P DO-NOT-WRITE 5345 3RD STREET ZEPHYRHILLS, FL 33541 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE MANN, LEWIS P NAME STREET ADDRESS 5345 3RD STREET CITY-ST-7IP ZEPHYRHILLS, FL TITLE STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CTY-ST-7P IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby 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 chapter 11 in the corporation of the receiver of 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

SIGNATURE:

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

Lewis P. Mann, D.D.S.

FILED