


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90024 010 ***150.00

DOCUMENT # 525231

1. Entity Name
JOHN C. GILMORE, JR., D.M.D., P.A.



Principal Place of Business 1759 CREIGHTON RD PENSACOLA, FL 32504	Mailing Address 1759 CREIGHTON RD PENSACOLA, FL 32504
---	---

40040667



02282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1783017	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

GILMORE, JOHN C. JR.
1759 CREIGHTON ROAD
PENSACOLA, FL 32504

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILMORE, JOHN JR. 1759 CREIGHTON RD PENSACOLA FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Bruce C. Gilmore 1759 CREIGHTON RD PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/TREAS. MARGARET J. Gilmore 1759 CREIGHTON RD PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: John C. Gilmore, Jr. **JOHN C. GILMORE, JR.** 3/13/07 (850) 476-4283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #