## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 544639** 

Entity Name: WAYNE E. BARNHISEL, D.D.S., P.A.

FILED Jan 16, 2007 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

353 MAIN ST

SAFETY HARBOR, FL 34695

Current Mailing Address: New Mailing Address:

353 MAIN ST

SAFETY HARBOR, FL 34695

FEI Number: 59-1758526 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BARNHISEL, WAYNE E 353 MAIN ST

SAFETY HARBOR, FL 33572 US

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete

Name: BARNHISEL, WAYNE E., Address: 353 MAIN ST.

Address: 353 MAIN ST.

City-St-Zip: SAFETY HARBOR, FL

Title: S ( ) Delete

Name: BARNHISEL, FRAN G

Address: 353 MAIN ST

City-St-Zip: SAFETY HARBOR, FL

Title: PD (X) Change ( ) Addition

Name: BARNHISEL, WAYNE E.,

Address: 353 MAIN ST.

City-St-Zip: SAFETY HARBOR, FL 34695

Title: S (X) Change () Addition

Name: BARNHISEL, FRAN G

Address: 353 MAIN ST

City-St-Zip: SAFETY HARBOR, FL 34695

I hereby certify that the information supplied with this filing does not qualify for the 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: WAYNE E BARNHISEL, D.D.S. PD 01/16/2007