

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90181 048 ***150.00

DOCUMENT # 550743

1. Entity Name
DAVID L. LEEVER, D.D.S., P.A.



Principal Place of Business
9806 N 56TH STREET
TEMPLE TERRACE, FL 33617

Mailing Address
9806 N 56TH STREET
TEMPLE TERRACE, FL 33617

40000000



03142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1776305

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEEVEVER, DAVID L
9806 N 56TH STREET
TEMPLE TERRACE, FL 33617

**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

00000000000000000000
03/29/07-80065-000-150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
LEEVEVER, DAVID L, DDS
9806 N. 56TH STREET
TEMPEL TERR, FL 33617

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David L. Leever

3/19/07

Date

(813) 988-9134

Daytime Phone #

ATTACHMENT

40068853
#550743

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED BORDER. SEE REVERSE SIDE FOR COMPLETE SECURITY FEATURES. 16

0018385

DAVID L. LEEVER, D.D.S., P.A.
8806 N. 58TH STREET
TEMPLE TERRACE, FLORIDA 33817
PHONE (813) 988-9138

Mercantile Bank 9400 N. 56TH STREET
TEMPLE TERRACE, FLORIDA 33817
83-1377/831

PAY TO THE ORDER OF *David DeGrycke*

DATE *3-19-07* AMOUNT *\$150.00*

One Hundred and 100

David DeGrycke

THIS DOCUMENT CONTAINS HEAT SENSITIVE INK. TOUCH OR PRESS HERE OR RED IMAGE DISAPPEARS WITH HEAT. 16

591776305