

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-23-2007 90038 024 ***150.00

DOCUMENT # 551979

1. Entity Name

GEORGE B. DORRIS, JR., D.D.S., P.A.



Principal Place of Business

EGLIN PARKWAY AT OLD FERRY RD
P.O. BOX 894
SHALIMAR FL 32579

Mailing Address

EGLIN PARKWAY AT OLD FERRY RD
P.O. BOX 894
SHALIMAR FL 32579



2. Principal Place of Business - No P.O. Box #

1115 Eglin Parkway
Suite, Apt. #, etc.

3. Mailing Address

1115 Eglin Parkway
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Shalimar, FL

City & State

Shalimar, FL

4. FEI Number

59-1784177

Applied For

Not Applicable

Zip

32579

Country

U.S.A.

Zip

32579

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DORRIS, GEORGE B. JR. D.D.S.
EGLIN PARKWAY AT OLD FERRY RD
SHALIMAR FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1115 Eglin Parkway
City Shalimar FL Zip Code 32579

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 registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME DORRIS, GEORGE B JR
STREET ADDRESS 6 PEMBROKE PL
CITY ST-ZIP FT WALTON BCH, FL 00000

TITLE S ☐ Delete
NAME DORRIS, PAULA W.
STREET ADDRESS 6 PEMBROKE PL.
CITY ST-ZIP FT. WALTON BECH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

2-8-07

Date

850-651-1125

(Daytime Phone #)