


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 556412**

1. Entity Name  
CLARE L. GARNER D.D.S. - CHARLES R. HAMBROOK  
D.D.S., P.A.



Principal Place of Business      Mailing Address

572 S.E. 15TH STREET      572 S.E. 15TH STREET  
POMPAÑO BEACH, FL 33060      POMPAÑO BEACH, FL 33060

**DO NOT WRITE IN THIS SPACE**



01122005      No Chg-P      CR2E034 (10/03)

4. FEIT Number      Applied For

59-1783597      Not Applicable

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

6. Name and Address of Current Registered Agent

BAILEY, PATRICK L.  
2335 E. ATLANTIC BLVD.  
POMPAÑO BEACH, FL

**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 \_\_\_\_\_ (NOTE: Registered Agent signature is required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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 GARNER, CLARE L. 572 E. MCNAB ROAD POMPAÑO BCH., FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HAMBROOK, CHARLES R. 572 E. MCNAB ROAD POMPAÑO BCH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/27/05-80045-020 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 titles empowered.

**SIGNATURE:** *Clare Garner D.D.S. President*      1-13-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #