


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 08:00 AM
Secretary of State

DOCUMENT # 602287

1. Entity Name
 ALFRED H. HALLIBURTON JR., D.D.S., P.A.



Principal Place of Business
 ONE DOCTOR'S LANE
 LAKE WALES, FL 33853

Mailing Address
 ONE DOCTOR'S LANE
 LAKE WALES, FL 33853

DO NOT WRITE IN THIS SPACE



03222007 No Chg-P CR2E034 (11/05)

4. FEI Number
 59-1304162 Applied For
 Not Applicable


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

6. Name and Address of Current Registered Agent

HALLIBURTON, A.H.(D.D.S.)
 ONE DOCTOR'S LANE
 LAKE WALES, FL 33853

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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  **NO MISTAKE** 03/30/07

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering) 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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HALLIBURTON, A.H.(D.D.S)
STREET ADDRESS	ONE DOCTOR'S LANE
CITY-ST-ZIP	LAKE WALES, FL
TITLE	VST
NAME	HALLIBURTON, JANE C.
STREET ADDRESS	ONE DOCTOR'S LANE
CITY-ST-ZIP	LAKE WALES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  burton Date: 03/30/07 Daytime Phone #: (863)676-2213

SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR