


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 632192</b> 1. Entity Name ROGER A. GRACE, D.D.S., P.A.	
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Principal Place of Business 28 RACETRACK RD NW FT WALTON BEACH, FL 32547	Mailing Address 28 RACETRACK RD NW FT WALTON BEACH, FL 32547
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<b>DO NOT WRITE IN THIS SPACE</b>
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01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1918801	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  GRACE, ROGER A., D.D.S. 28 RACETRACK RD NW FORT WALTON BEACH, FL 32547
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRACE, ROGER A., D.D.S. 28 RACETRACK RD N.W. FT. WALTON BEACH, FL
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01/26/07-80007-008 150.00

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 