

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # 677540 1. Entity Name G. PETE CORUM, D.M.D., P.A.	
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Principal Place of Business 620 W. S.R. 434 C/O G. PETE CORUM WINTER SPRINGS, FL 32708	Mailing Address 620 W. S.R. 434 C/O G. PETE CORUM WINTER SPRINGS, FL 32708
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02082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2007214	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORUM, G. PETE 620 W. S.R. 434 WINTER SPRINGS, FL 32708
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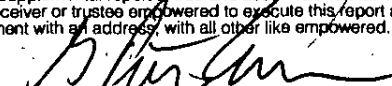
DO NOT WRITE IN THIS SPACE

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 required when registering) Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000873552 04/10/08-80085-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORUM, KAY B 620 W. S.R. 434 WINTER SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORUM, G PETE 620 W. S.R. 434 WINTER SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CORUM, G PETE 620 W. S.R. 434 WINTER SPRINGS, 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:  G. PETE CORUM 3/17/08 (407) 327 0731 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
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