


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 690127</b> 1. Entity Name <b>PETER D. KANTRALES, P.A.</b>						<b>FILED</b> 07 JUL 2007 8:26 TALLAHASSEE FLORIDA	
Principal Place of Business <b>4400 BAYOU BLVD BLDG 3A PENSACOLA, FL 32503</b>				Mailing Address <b>4400 BAYOU BLVD BLDG 3A PENSACOLA, FL 32503</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>59-2123665</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>KANTRALES, PETER D 4400 BAYOU BLVD BLDG 3A PENSACOLA, FL 32503</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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 \$550.00 Due by September 14, 2007</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <input type="checkbox"/> Delete <b>KANTRALES, PETER D 4757 CHINQUAPIN PLACE PENSACOLA BCH, FL</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000107020060 08/01/07--01040--018 **150.00</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.							
<b>SIGNATURE: <i>Peter D. Kantales</i></b>				<b>Peter D. Kantales</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <b>7/23/07</b> Daytime Phone # <b>850-478-4240</b>			

PETER D. KANTRALES, D.D.S., P.A.

CORDOVA SQUARE  
4400 BAYOU BLVD., SUITE 3A  
PENSACOLA, FL 32504  
TELEPHONE (850) 478-4260

July 9, 2007

TO: Florida Dept of State  
Division of Corporations

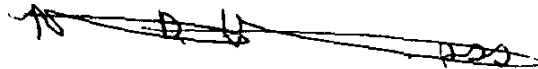
FR: Peter D. Kantrales, D.D.S., P.A.

RE 2007 Annual Report - Late Fee

On February 26, 2007 we requested the form to submit the annual report but the request was sent to the address on the postcard (P.O. Box 8700) according to Michelle Milligan from your department.

Please waive the late fee of \$400.00 and except the \$150.00 enclosed. This oversight will not happen again.

Thank you in advance for this consideration.

A handwritten signature in black ink, appearing to read "P.D. Kantrales", with a long horizontal line extending to the right.

Enclosure

PDK/lrw