
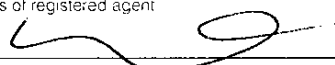
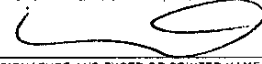


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90445 034 ***150.00

DOCUMENT # F00205 1. Entity Name WILLIAM R. GARRETT D.D.S., P.A.					
Principal Place of Business 17633 GUNN HWY 124 ODESSA, FL 33556			Mailing Address 17633 GUNN HWY 124 ODESSA, FL 33556		
2. Principal Place of Business - No P.O. Box # 4456 Southern Breeze DR		3. Mailing Address DRIVE 4456 Southern Breeze			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04192007 Chg-P CR2E034 (12/06)	
City & State NAPLES, FL		City & State NAPLES, FL		4. FEI Number 59-2027838	
Zip 34114		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARRETT, WILLIAM R 17633 GUNN HWY 124 ODESSA, FL 33556				7. Name and Address of New Registered Agent Name WILLIAM R. GARRETT Street Address (P.O. Box Number is Not Acceptable) 4456 SOUTHERN BREEZE DRIVE City NAPLES FL Zip Code 34114	
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  DATE 4-24-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when amending)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME GARRETT, WILLIAM R STREET ADDRESS 17633 GUNN HWY 124 CITY-ST-ZIP ODESSA, FL 33556	<input type="checkbox"/> Delete		TITLE P NAME GARRETT, WILLIAM R STREET ADDRESS 4456 SOUTHERN BREEZE DRIVE CITY-ST-ZIP NAPLES, FL 34114	<input checked="" 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.					
SIGNATURE: 			DATE 4-24-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR William R. GARRETT					