2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # F93000005454

1. Entity Name
FRANKLIN W. QUILLIN, JR., DDS. PROFESSIONAL CORPORATION

Principal Place of Business	Mailing Address
315 N. LAKEMONT AVENUE SUITE D WINTER PARK, FL 32792	315 N. LAKEMONT AVENUE SUITE D WINTER PARK, FL 32792

DO NOT WRITE IN THIS SPACE

01072008 No Chg-P CR2E034 (11/05)

4. FEI Number
55-0578008

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

QUILLIN, FRANKLIN W JR
315 N. LAKEMONT AVENUE SUITE D
WINTER PARK, FL 32792

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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 _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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.

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	QUILLIN, FRANKLIN W JR
STREET ADDRESS	315 N. LAKEMONT AVENUE SUITE D
CITY-ST-ZIP	WINTER PARK, FL 32790
TITLE	SD
NAME	OXLEY, LEON K
STREET ADDRESS	401 10TH STREET
CITY-ST-ZIP	HUNTINGTON, WV 25701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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01/17/08-80014-018 150.00

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

SIGNATURE: Franklin W Quillin Franklin W Quillin Pres 1-10-08 407-645-2425
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR. Date Daytime Phone #