

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 25, 2007 8:00 am
Secretary of State

06-11-2007 90006 016 ***150.00

06-25-2007 90003 048 ***400.00

DOCUMENT # F96203

1. Entity Name
JOHN F. WHITT JR., D.D.S., P.A.



Principal Place of Business
**121 GRIFFIN VIEW DRIVE
LADY LAKE, FL 32159**

Mailing Address
**121 GRIFFIN VIEW DRIVE
LADY LAKE, FL 32159**

DO NOT WRITE IN THIS SPACE

01112007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2234013

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MORRISON, FRED A.
1000 WEST MAIN STREET
LEESBURG, FL 32748**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
WHITT, JOHN F. JR.
121 GRIFFIN VIEW DRIVE
LADY LAKE, FL 32159**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/19/07 352-259-3636

Dr. John F. Whitt

121 Griffin View Drive
Lady Lake, FL 32159

ATTACHMENT
VILLAGE



ENDODONTICS

4012 1603
#F96203

Dr. Alex Ghazal

Tel 352.259.3636
Fax 352.259.2447

June 5, 2007

To Whom it May Concern,

I mailed a check and report for document # F96203 in the amount of \$150.00 check # 13039. It was mailed with another check and report for document # L00000004924 (separate check). The check for document F96203 has not cleared with our bank but the second document has cleared. Both reports were mailed in the same envelope. I have enclosed a copy of report and check along with a new check.

Thank You,
John F Whitt

ATTACHMENT

40121603
F96203

JOHN F. WHITT, JR. D.D.S., P.A.			13039
FLORIDA DEPT OF STATE			
UNIFORM BUS REPORT	1/16/2007		150.00

A First Union			150.00
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JOHN F. WHITT, JR. D.D.S., P.A.			13039
FLORIDA DEPT OF STATE			
UNIFORM BUS REPORT	1/16/2007		150.00

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