


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90030 005 \*\*\*150.00

DOCUMENT # F96622 1. Entity Name ROBERT W. ASTLES, D.M.D., P.A.	
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Principal Place of Business 963 37TH PLACE VERO BEACH, FL 32960 US	Mailing Address 963 37TH PLACE VERO BEACH, FL 32960 US
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**DO NOT WRITE IN THIS SPACE**

4000



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2209864	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  ASTLES, ROBERT W 963 37 PLACE VERO BCH, FL 32960
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ASTLES, ROBERT W 963 37 PLACE VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ASTLES, ANN 963 37 PLACE VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: <u>Robert Astles</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>1-29-08</u> <small>Daytime Phone # <u>772 464 6304</u></small>
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