## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #F98613

1. Entity Name

ROBÉRT E. MOUNT, JR., D.D.S., P.A.



Principal Place of Business

110 EAST PARK AVENUE 110 EAST PARK AVE. CHIEFLAND, FL 32626 US Mailing Address

110 EAST PARK AVENUE P 0 BOX 1416 CHIEFLAND, FL 32644 FILED Jan 25, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01212007 140 Olig-F	CINZEUS+ (1	1700)	
4. FEI Number		Applied For	
59-2219525		Not Applicable	
5. Certificate of Status Desire		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MOUNT, ROBERT E JR 110 EAST PARK AVENUE CHIEFLAND, FL 32626

## DO NOT WRITE IN THIS SPACE

<ol> <li>The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Prorida. I am familiar with, and accept the obligations of registered agent.</li> </ol>					
SIGNATURE					
	E NOW!!! FEE IS \$150.00 ny 1, 2007 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MOUNT, ROBERT E JR 110 EAST PARK AVENUE CHIEFLAND, FL 32626		Linnosnessana		
TITLE NAME STREET AOORESS CITY-ST-ZIP				,U00000602290 01/26/07-80083-019 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DC	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP			IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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					

12. Increary certify that the information supplied with this filling does not quality 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: Robert E. MOUNT JR. 1/24/07 352 493-1416

SIGNATURE AND TYPED ON PRINTED NAME OF JUNING OFFICER OR DIRECTOR

Daytom Phone P