


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G79629</b> 1. Entity Name STEVEN BOE, DMD, & STEPHEN PAGE, DMD, P.A.	
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Principal Place of Business % STEVEN A. BOE 4953 CASTELLO DRIVE NAPLES, FL 34103 US	Mailing Address % STEVEN A. BOE 4953 CASTELLO DRIVE NAPLES, FL 34103 US
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**DO NOT WRITE IN THIS SPACE**



04222007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2374410	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  BOE, STEVEN A. 4953 CASTELLO DRIVE NAPLES, FL 34103
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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

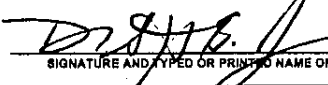
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PAGE, STEPHEN B. 4953 CASTELLO DRIVE NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BOE, STEVEN A. 4953 CASTELLO DRIVE NAPLES, FL
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 05/09/07-80076-020 150.00

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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:**  **Date:** 4/22/07 **Daytime Phone #** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR