


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90172 006 ***150.00

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|--|---|---|--|---|--|
| DOCUMENT # H96919 1. Entity Name DAVID W. BOERS, D.D.S., P.A. | | | |  | |
| Principal Place of Business 10125 WEST COLONIAL DRIVE SUITE 101 OCOE, FL 34761 | | | Mailing Address 10125 WEST COLONIAL DRIVE SUITE 101 OCOE, FL 34761 | | |
| 2. Principal Place of Business - No P.O. Box # 41 North Orlando Ave Suite, Apt. #, etc. Cocoa Beach City & State Florida Zip 32931 | | 3. Mailing Address 41 North Orlando Ave Suite, Apt. #, etc. Cocoa Beach City & State Florida Zip 32931 | | | |
| Country U.S.A. | | Country U.S.A. | | 4. FEI Number 59-2668349 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent BOERS, DAVID W. 10545 DOWN LAKEVIEW CIR. WINDERMERE, FL 32786 | | | 7. Name and Address of New Registered Agent Name David W Boers Street Address (P.O. Box Number is Not Acceptable) 123 S Atlantic Ave City Cocoa Beach FL Zip Code 32931 | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BOERS, DAVID W. 10545 DOWN LAKEVIEW CIR WINDERMERE, FL 32786 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BOERS, KATHLEEN 10545 DOWN LAKEVIEW CR WINDERMERE, FL 32786 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BOERS, DAVID JR 10545 DOWN LAKEVIEW CIR WINDERMERE, FL 32786 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BOERS, TARA 10545 DOWN LAKEVIEW CIR WINDERMERE, FL 32786 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | | |
| 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: <i>David W Boers</i> DAVID W. BOERS 4/29/08 4074217330 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |