## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2007 08:00 All Secretary of State **DOCUMENT # J73286** 1. Entity Name DONALD W. TRANSUE, D.D.S., P.A. Principal Place of Business Mailing Address 1 RYANT ROAD 1 RYANT ROAD SEBRING, FL 33872 SEBRING, FL 33872 04192007 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2823555 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent TRANSUE, DONALD W DO NOT WRITE 1 RYANT ROAD SEBRING, FL 33872 IN THIS SPACE y state on the property of the same 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE TRANSUE, DONALD W NAME 1 RYANT ROAD STREET ADDRESS SEBRING, FL 33872 CITY - ST - ZIP NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS O NOT WRI CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

FILED