


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Aug 06, 2008 8:00 am
Secretary of State

07-11-2008 90018 021 ***500.00
08-06-2008 90018 033 ****50.00

DOCUMENT # K51193			
1. Entity Name WILLIAM E. BAGWELL, JR. D.D.S., P.A.			
Principal Place of Business 1127 N. COURTENAY PARKWAY MERRITT ISLAND, FL 32953		Mailing Address 1127 N. COURTENAY PARKWAY MERRITT ISLAND, FL 32953	
2. Principal Place of Business - No P.O. Box # 1920 Harbor Point Drive		3. Mailing Address 1920 Harbor Point Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Merritt Island Fla		City & State Merritt Island Fla	
4. FEI Number 59-2924091		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent BAGWELL, WILLIAM E. 1127 NO. COURTENAY PARKWAY MERRITT ISLAND, FL 32953		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <i>William E. Bagwell Jr</i> (NOTE: Registered Agent signature required when reappointing) DATE			
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		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	DPT BAGWELL, WILLIAM E. 1127 N. COURTENAY PARKWAY MERRITT ISLAND, FL 32953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Bagwell, William E. 1920 Harbor Point Drive Merritt Island Fla 32953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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>William E. Bagwell Jr</i>		Date: 7 July 08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 321 453 1811	

60046368



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