


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 11, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05839</b> 1. Entity Name CASANOVA & IMHOFF, D.M.D., P.A.	
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Principal Place of Business 612 S. MARTIN LUTHER KING JR. AVE. CLEARWATER, FL 33756 US	Mailing Address 612 S. MARTIN LUTHER KING JR. AVE. CLEARWATER, FL 33756 US
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05022007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2963350	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  REGISTERED CORPORATE AGENTS INC 612 S. MARTIN LUTHER KING JR. AVE. CLEARWATER, FL 33756
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASANOVA, MAITE 11508 N 56TH ST. TEMPLE TERRACE, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IMHOFF, GREGORY S 11508 N 56TH ST. TEMPLE TERRACE, FL 33617
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U00000763566  
05/30/07-80015-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 or other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/07 (813) 989-2775  
Date Daytime Phone #