


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L67872**

1. Entity Name  
 CHARLES A. SARLO JR., D.D.S., P.A.



Principal Place of Business  
 CHARLES A. SARLO JR., D.D.S., P.A.  
 5201 BABCOCK ST. NE, SUITE 8  
 PALM BAY, FL 32905-4637

Mailing Address  
 % CAROLYN SARLO  
 5201 BABCOCK ST. NE, SUITE 6  
 PALM BAY, FL 32905-4637

**DO NOT WRITE IN THIS SPACE**



03212008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3013042	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SARLO, CAROLYN F  
 563 LAUREL OAK CT NE  
 PALM BAY, FL 32907

**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: *Charles A. Sarlo Jr.* (NOTE: Registered Agent signature required when reinstating) DATE: *April 2, 2008*

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SARLO, CAROLYN F. 563 LAUREL OAK CT N.E. PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SARLO, CHARLES A., JR. 563 LAUREL OAK CT N.E. PALM BAY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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 04/14/08-80066-005 150.00

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 the empowered.

SIGNATURE: *Charles A. Sarlo Jr.* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: *April 2, 2008* 321-954-2065 Daytime Phone #