

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # L75541

1. Entity Name
GERALD K. WEAVER, D.M.D. AND MICHAEL STRATTON,
D.M.D., PEDIATRIC DENTISTRY, P.A.



Principal Place of Business
1584 KINGSLEY AVE., S-B
ORANGE PARK, FL 32073

Mailing Address
1584 KINGSLEY AVE., S-B
ORANGE PARK, FL 32073



04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3014111

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WEAVER, GERALD K.
1584 KINGSLEY AVE.
S-B
ORANGE PARK, FL 32073

**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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	WEAVER, GERALD K.
STREET ADDRESS	1584 KINGSLEY AVE., S-B
CITY-ST-ZIP	ORANGE PARK, FL
TITLE	VSD
NAME	STRATTON, MICHAEL W.
STREET ADDRESS	1584 KINGSLEY AVE., S-B
CITY-ST-ZIP	ORANGE PARK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000324234
04/22/05-80083-024-158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 life empowered.

SIGNATURE: *[Signature]* **DATE:** 04-21-05 **DAYTIME PHONE #:** 904-264-5437

Gerald K. Weaver