


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2007 8:00 am
Secretary of State


03-02-2007 90017 013 ***158.75

DOCUMENT # L75541 1. Entity Name GERALD K. WEAVER, D.M.D. AND MICHAEL STRATTON, D.M.D., PEDIATRIC DENTISTRY, P.A.	
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Principal Place of Business 1584 KINGSLEY AVE., S-B ORANGE PARK, FL 32073	Mailing Address 1584 KINGSLEY AVE., S-B ORANGE PARK, FL 32073
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DO NOT WRITE IN THIS SPACE

40081000



01182007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3014111	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 *Gerald K. Weaver* DATE 01/23/07

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

**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 all other like empowered.

SIGNATURE: *Gerald K. Weaver* Gerald K. Weaver 01/23/07 (904) 264-5437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #