


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # M67518 1. Entity Name ROBERT D. BURKHART, JR, D.D.S., P.A.	
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Principal Place of Business 258 TREEMONTE DRIVE ORANGE CITY, FL 32763	Mailing Address 258 TREEMONTE DRIVE ORANGE CITY, FL 32763
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01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2863818	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent BURKHART, ROBERT D., JR. 258 TREEMONTE DR ORANGE CITY, FL 32763
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U000000604333
01/29/07-80043-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BURKHART, ROBERT D JR 258 TREEMONTE DR ORANGE CITY, FL 32763
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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:  **(386) 774-2030**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #