2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M74975

1. Entity Name

JOHNSTON & STAVELY, D.M.D.'S, P.A.



Principal Place of Business

1560 AIRPORT BLVD. PENSACOLA, FL 32504 Mailing Address

1560 AIRPORT BLVD. PENSACOLA, FL 32504

FILED Feb 04, 2008 8:00 am Secretary of State

02-04-2008 90051 046 ***150.00

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DO NOT WRITE IN THIS SPACE

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 No Chg-P
 CR2E034 (11/05)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STAVELY, CHARLES D 1560 AIRPORT BLVD. PENSACOLA, FL 32504

DO NOT WRITE IN THIS SPACE

	: :					
	named entity submits this statement for the p tions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or be	oth, in the State of Florida. I am famili	ar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and little i	f applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE	
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 DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD STAVELY, CHARLES D. 1560 AIRPORT BLVD. PENSACOLA, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby of indicated	certify that the information supplied with this fill on this report or supplemental report is true a	ling does not qualify for the exe	mptions cor ure shall hav	ntained in Chapter 11 ve the same legal effe	9, Florida Statutes. I further certify the set as if made under oath; that I am ar	at the information officer or director

indicated on this report or supplied with this iming does not qualify that the exemptions contained in Chapter 19, include 3 attacks. Turner of the first hat 1 are and accurate and that my signature shall have the same legal effect as if made under oath; that 1 are 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.

S					

IGNATURE AND COMED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/30/08

350-419-1677

Daytime Pho