2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P00000005266

FREDERICK A. MARSAW, D.D.S., P.A.



Principal Place of Business

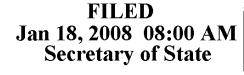
PENSACOLA, FL 32503

Mailing Address

4300 BAYOU BLVD

4300 BAYOU BLVD

PENSACOLA, FL 32503



Fee Required



DO NOT WRITE IN THIS SPACE

01112008 No Chg-P	CR2E034	CR2E034 (11/05)		
4. FEI Number		Applied For		
59-3618357		Not Applicable		
5. Certificate of Status Desired		.75 Additional		

6.	Name an	d Address o	f Current Reg	istered Agent

MARSAW, FREDERICK A D.D.S. 4300 BAYOU BLVD

DO NOT WRITE

Date

Daytime Phone #

#4 PENSACOLA, FL 32503		IN THIS SPACE			
					•
8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title in	f applicable (NOTE: Registered	Agent signature	required when reinstating)	DATE
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	<u> </u>		
NAME STREET ADDRESS CITY-S1-ZIP	D MARSAW, FREDERICK A 4300 BAYOU BLVD #4 PENSACOLA, FL 32503				U00000789069
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000789069 01/22/08-80011-004 150.00
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			-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			*	·	
12. I hereby of indicated of the corporated,	certify that the information supplied with this fil on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	ing does not qualify for the exe nd accurate and that my signatu to execute this report as require other like empowered.	mptions cor ure shall haved by Chapt	ntained in Chapter 119 re the same legal effec ter 607, Florida Statute	a. Florida Statutes. I further certify that the information at as if made under cath, that I am an officer or director as; and that my name appears in Block 10 or Block 11 if