

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90847 021 \*\*\*150.00

<b>DOCUMENT # P00000026123</b> 1. Entity Name <b>DONALD J. HORN, DMD, PA</b>					
Principal Place of Business <b>1550 S HIGHLAND STE A CLEARWATER, FL 33756</b>			Mailing Address <b>1550 S HIGHLAND STE A CLEARWATER, FL 33756</b>		
2. Principal Place of Business - No P.O. Box # <b>2605 KEYSTONE RD</b>		3. Mailing Address <b>2605 KEYSTONE RD</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>TARPON SPRINGS, FL</b>		City & State <b>TARPON SPRINGS, FL</b>		4. FEI Number <b>59-3840402</b>	
Zip <b>34688</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HORN, DONALD J DMD 1550 S HIGHLAND STE A CLEARWATER, FL 33756</b>				7. Name and Address of New Registered Agent Name <b>DONALD J HORN DMD</b> Street Address (P.O. Box Number is Not Acceptable) <b>2605 KEYSTONE RD</b> City <b>TARPON SPRINGS</b> <b>FL</b> Zip Code <b>34688</b>	
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  DATE <b>4-27-07</b> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fee</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HORN, DONALD J DMD 1550 S HIGHLAND SUITE A CLEARWATER, FL 33756</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HORN, DONALD J DMD 2605 KEYSTONE RD TARPON SPRINGS, FL 34688</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:  P <b>4-27-07</b> <b>727-942-5700</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					