

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000043863**

1. Entity Name

LARRY L. SAYLOR II, D.M.D., P.A.



Principal Place of Business

213 KINGSWAY ROAD, SUITE B  
BRANDON, FL 33510

Mailing Address

213 KINGSWAY ROAD, SUITE B  
BRANDON, FL 33510



04252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3648507

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SAYLOR, LARRY L II, DMD  
213 KINGSWAY ROAD, SUITE B  
BRANDON, FL 33510

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SAYLOR, LARRY L II, DMD
STREET ADDRESS	213 KINGSWAY ROAD
CITY-ST-ZIP	BRANDON, FL 33510
TITLE	S
NAME	SAYLOR, KRISTEN
STREET ADDRESS	213 KINGSWAY ROAD, SUITE B
CITY-ST-ZIP	BRANDON, FL 33510
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000345878  
04/30/05-80052-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

I certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information 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, 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 required with an address, with all other like empowered.

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-05

Date

813 689-4206

Daytime Phone #