

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000101933

1. Entity Name
ROBERT P. WOLFENDEN, D.D.S., P.A.



Principal Place of Business
**1821 WELLNESS LANE
NEW PORT RICHEY, FL 34655**

Mailing Address
**1821 WELLNESS LANE
NEW PORT RICHEY, FL 34655**



01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3679101

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**GASSMAN, ALAN S ESQ
1245 COURT ST ST 102
CLEARWATER, FL 33756**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WOLFENDEN, ROBERT P D.D.S.
1821 WELLNESS LANE
NEW PORT RICHEY, FL 34655**

U000000597743
01/24/07-80048-014 150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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: Robert P. Wolfenden DDS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-07 1273723200

Date

Daytime Phone #