

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000004709

1. Entity Name
FORTUNE DENTAL ASSOCIATES, INC.



Principal Place of Business
**226 EAST NEW YORK AVENUE
DELAND, FL 32724**

Mailing Address
**226 EAST NEW YORK AVENUE
DELAND, FL 32724**



04242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3690707

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GRAHAM, IVAN C VP
226 EAST NEW YORK AVENUE
DELAND, FL 32724**

**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

Ivan C. Graham
IVAN C. GRAHAM
(NOTE: Registered Agent signature required when reappointing)

4/30/8
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 DIRECTORS

TITLE
PTD
NAME
SEIFAN, MOTTIE
STREET ADDRESS
2324 FORTUNE RD
CITY-ST-ZIP
KISSIMMEE, FL 34744

TITLE
VSD
NAME
GRAHAM, IVAN C
STREET ADDRESS
2324 FORTUNE RD
CITY-ST-ZIP
KISSIMMEE, FL 34744

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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:

Ivan C. Graham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/8

**356-740-5282
407-858-0301**