

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000013690

Entity Name: TROY L. KING, D.D.S., P.A.

FILED
Jan 09, 2007
Secretary of State

Current Principal Place of Business:

1000 EXECUTIVE DRIVE STE 8
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

1750 BRIDGEWATER DRIVE
HEATHROW, FL 32746

New Mailing Address:

204 SHILOH COVE
HEATHROW, FL 32746

FEI Number: 59-3708502

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, CHRISTY
1750 BRIDGEWATER DRIVE
HEATHROW, FL 32746 US

Name and Address of New Registered Agent:

KING, CHRISTY
204 SHILOH COVE
HEATHROW, FL 32746 US

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.

SIGNATURE: CHRISTY KING

01/09/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR. () Delete
Name: KING, TROY L DDS
Address: 1750 BRIDGEWATER DRIVE
City-St-Zip: HEATHROW, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: KING, TROY L DDS
Address: 204 SHILOH COVE
City-St-Zip: HEATHROW, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TROY KING

PRES

01/09/2007

Electronic Signature of Signing Officer or Director

Date