2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2008 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of Sta			
DOCUMENT # P0100004967 1. Entity Name	9					•	
GARY S. CROSSON, DMD, P.A.	•						
Principal Place of Business M	failing Address						
	5880 W. COUNTY HWY., 30-A Santa Rosa BCH, Fl. 32459	,		20 10			
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		State of State of the State of		of Status Desired		75 Additional Regulred	
6. Name and Address of Current Regis	stered Agent	La Proposition	and the property			. 10 10 . 40	
CROSSON, GARY S		e a exam	DO	NOT W	RITE		
6880 W. COUNTY HWY., 30-A SANTA ROSA BCH, FL 32459				THIS SF			
			IIN		AUL		
The above named entity submits this statement for the	purpose of changing its register	red office or registe	red agent, or bo	oth, in the State of Fk	orida. Lam famil	iar with, and accept	
the obligations of registered agent	F	, and the second					
SiGNATURE Signature, typed or printed name of registered agent and tilling	e il applicable. (NOTE: Registere	ed Agent signature require	d when reinstating)		DA†E		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.	ncing \$5	.00 May Be led to Fees				
10. OFFICERS AND DIRE	CTORS	<u> </u>		La range i trans.	, , , ;		
ITITE D NAME CROSSON, GARY S				e gazit en		$\mathbf{r} = (\mathbf{r}_{i_1}, \dots, \mathbf{r}_{i_{m-1}})$	
STREET ADDRESS 355 SHARON DR.		Note of		graph discoult		garan Medikangan Panjangan	
TITLE NICEVILLE, FL 32578		· (10,783)		000000 - 02707709	1807443 180009-01	4 1 ር ስ መሰ	
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STREET ADDRESS CITY-SI-ZIP			DO	NOT W	RITE	ingstein (SM, 26) ing 12 January (SM, 20) ing	
TITLE				THIS SI			
NAME STREET ADDRESS			, jes i s		Mark Bright	્યાં અનુ કર્મોનું તેન	
CITY-S1-ZIP			or petale.	r ty for they a	3 - 6 - 6 - 6 - 6 - 7 - 6 - 7 - 6 - 7 - 6 - 7 - 6 - 7 - 6 - 7 - 7	and production of the San San San San San	
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STREEI ADDRESS			*1			garage Specifical	

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

TITLE."
NAME
STREET ADORÉSS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/08 (850)267-3313