
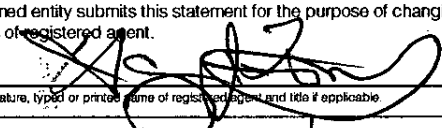
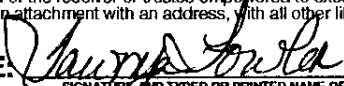


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90988 036 ***150.00

| | | | | | |
|---|--|---|---|--|--|
| DOCUMENT # P01000051853 1. Entity Name FOWLER DENTAL STUDIO, INC. | | | |  | |
| Principal Place of Business 808 E. OCEAN BLVD. SUITE B STUART, FL 34994 | | | Mailing Address 808 E. OCEAN BLVD. SUITE B STUART, FL 34994 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-1108032 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WOODS, WALTER G 310 SW OCEAN BLVD STUART, FL 34994 | | | | 7. Name and Address of New Registered Agent Name Harvey J. Fowler Street Address (P.O. Box Number is Not Acceptable) 808 E. Ocean Blvd. Suite B City Stuart FL Zip Code 34994 | |
| 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  Harvey Jay Fowler DATE 4/22/04 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FOWLER, HARVEY J 10571 SW LANDS END PL. PALM CITY, FL 34990 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FOWLER, TAWNYA M 10571 SW LANDS END PL PALM CITY, FL 34990 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHAPMAN, JOYCE E 1409 ALPINE ST., SE DECATUR, AL 35603 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FOWLER, CHRISTOPHER J 10571 SW LANDS END PL PALM CITY, FL 34990 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FLOWLER, SOPHIA R 10571 SW LANDS END PL PALM CITY, FL 34990 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Tawnya Fowler DATE 4/22/04 DAYTIME PHONE # (772) 281-2133 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

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04162004 Chg-P CR2E034 (10/03)

Applied For
Not Applicable