:57p ,Tawnya Fowler

FILED
Jul 08, 2005 8:00 am
Secretary of State
06-17-2005 90002 010 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

6/17

DOCUMENT # P01000051853

1. Entity Name
FOWLER DENTAL STUDIO, INC.

66024370

Principal Place of Business	Mailing Address
808 E. OCEAN BLVD. SUITE B STUART, FL 34994	808 E. OCEAN BLVD. SUITE B STUART, FL 34994

06082005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1108032 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FOWLER, HARVEY J 808 E OCEAN BLVD STE B STUART, FL 34994	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE
(Signature, typed or printed name of Registered Agent and title if applicable. NOTE: Registered Agent signature required when changed.)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOWLER, TAWNYA M 10571 SW LANDS END PL PALM CITY, FL 34990	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHAPMAN, JOYCE E 1409 ALPINE ST., SE DECATUR, AL 35603	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 added in an attachment with an address, with all other like empowered.

SIGNATURE: Tawnya Fowler 6/14/05 772-286-2133
(SIGNATURE AND TYPED OR PRINTED NAME OF ELECTED OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

ATTACHMENT
660243 70

COVENANT FINANCIAL, INC.
711 WEST INDIANTOWN ROAD
SUITE A4
JUPITER, FL 33458
561-744-9547

July 5, 2005

Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, Fl 32314

RE: P01000051853
Fowler Dental Studio, Inc.

To Whom It May Concern:

Our client has received a notice from your department in regard to the annual report not being filed (see copy attached).

The form was printed directly from your web site since she did not receive a notice of renewal due. As stated on the form the report is due by September 7, 2005 and the amount stated is $150.00.

Thank you very much,

Roy Wiley

Roy Wiley, CPA