

: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

66024370

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	
Zip	Country	Zip	Country
4. FEI Number 65-1108032		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent FOWLER, HARVEY J 808 E OCEAN BLVD STE B STUART, FL 34994		7. Name and Address of New Registered Agent 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 the filer if applicable) (NOTE: Registered Agent's signature required when replacing)			
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-STATE-ZIP	D FOWLER, HARVEY J 10571 SW LANDS END PL. PALM CITY, FL 34990 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D FOWLER, TAWNIA M 10571 SW LANDS END PL PALM CITY, FL 34990 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D CHAPMAN, JOYCE E 1409 ALPINE ST., SE DECATUR, AL 35603 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ 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 as an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Tawnya Fowler</u>		Date: <u>6/14/05</u> 7:28:2133	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		Date	

ATTACHMENT
66024370
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

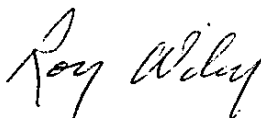
Fowler Dental Studio, Inc.

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, CPA