

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01000074308

Entity Name: PAUL E. ESTEP, D.D.S., P.A.

**FILED**  
**Apr 28, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

520 48TH STREET COURT EAST  
BRADENTON, FL 34208

**New Principal Place of Business:**

**Current Mailing Address:**

520 48TH STREET COURT EAST  
BRADENTON, FL 34208

**New Mailing Address:**

FEI Number: 65-1124730

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KROLL, M. JOAN  
200 NORTH FLORIDA AVE  
WAUCHULA, FL 33873 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete  
Name: ESTEP, PAUL E  
Address: 520 48TH STREET COURT EAST  
City-St-Zip: BRADENTON, FL 34208

Title: D ( ) Delete  
Name: ESTEP, SHARON  
Address: 520 48TH STREET COURT EAST  
City-St-Zip: BRADENTON, FL 34208

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PAUL E. ESTEP, DDS

PRES

04/28/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date