

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000074308**

1. Entity Name

PAUL E. ESTEP, D.D.S., P.A.



Principal Place of Business

520 48TH STREET COURT EAST  
BRADENTON, FL 34208

Mailing Address

520 48TH STREET COURT EAST  
BRADENTON, FL 34208



04222008

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-1124730

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPST  
ESTEP, PAUL E  
520 48TH STREET COURT EAST  
BRADENTON, FL 34208

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ESTEP, SHARON  
520 48TH STREET COURT EAST  
BRADENTON, FL 34208

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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05/23/08-80019-014 150.00

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:** Paul E. Estep, D.D.S., P.A.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-08 863 7739 469