


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90096 031 ***150.00

DOCUMENT # P01000114370

1. Entity Name
JERRY L. STONEKING, D.D.S., P.A.



Principal Place of Business
**6600 TENTH AVENUE NORTH
 ST. PETERSBURG FL 33710**

Mailing Address
**6600 TENTH AVENUE NORTH
 ST. PETERSBURG FL 33710**



2. Principal Place of Business - No P.O. Box #
6601 9th Avenue North

3. Mailing Address
6601 9th Avenue North

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

Zip
33710

Country
USA

4. FEI Number **01-0586058**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**STONEKING, JERRY L
 6600 TENTH AVENUE NORTH
 ST. PETERSBURG FL 33710**

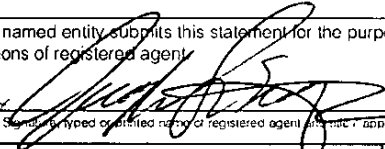
7. Name and Address of New Registered Agent

Name
 STONEKING, JERRY L

Street Address (P.O. Box Number is Not Acceptable)
 6601 9th Avenue North

City
 St. Petersburg **FL** Zip Code **33710**

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  **Jerry L. Stoneking** **02/22/07**

Signature typed or printed name of registered agent, if not applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

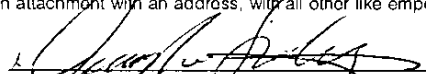
10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	STONEKING, JERRY I	
STREET ADDRESS	6600 TENTH AVENUE NORTH	
CITY - ST - ZIP	ST. PETERSBURG FL 33710	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONEKING, JERRY L.	
STREET ADDRESS	6601 9th Avenue North	
CITY - ST - ZIP	St. Petersburg, FL 33710	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **JERRY L. STONEKING** **02/24/07** **727 381-1240**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #