

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000011293
 1. Entity Name
 EDWARD E. ARTZ, D.D.S., P.A.



Principal Place of Business: 981 E. EAU GALLIE BLVD., STE. E-124 MELBOURNE, FL 32937
 Mailing Address: 981 E. EAU GALLIE BLVD., STE. E-124 MELBOURNE, FL 32937

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01292007 No Chg-P CR2E034 (11/05)

4. FEI Number: 59-3344648
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 ARTZ, EDWARD E
 981 E. EAU GALLIE BLVD., STE. E-124
 MELBOURNE, FL 32937

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ARTZ, EDWARD E
STREET ADDRESS	981 E. EAU GALLIE BLVD., STE. E-124
CITY-ST-ZIP	MELBOURNE, FL 32937
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Edward E. Artz EDWARD E. ARTZ 1-29-07 321-698-5791
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #