

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000148923

1. Entity Name
MAVRICK DENTAL STUDIOS, INC.



Principal Place of Business
955 LYNDHURST STREET
DUNEDIN, FL 34698

Mailing Address
955 LYNDHURST STREET
DUNEDIN, FL 34698

FILED
Mar 19, 2007 08:00 AM
Secretary of State



01062007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0472338	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GILPIN, TIMOTHY J
955 LYNDHURST STREET
DUNEDIN, FL 34698

**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 *Timothy J. Gilpin*
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, 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 MR.
NAME GILPIN, TIMOTHY J PRES.
STREET ADDRESS 955 LYNNHURST STREET
CITY-ST-ZIP DUNEDIN, FL 34698

000000672743
03/28/07-80081-019 150.00

TITLE MRS.
NAME MCVICKER, PATRICIA M
STREET ADDRESS 512 SCOTLAND ST.
CITY-ST-ZIP DUNEDIN, FL 34698

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Timothy J. Gilpin* Timothy J. Gilpin 3/15/07 727 736 6610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #