

# **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000059796

**Entity Name:** DENT-ALL OF PALM CITY, INC.

**FILED**  
**Feb 19, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

3662 SW 30TH AVENUE  
3  
PALM CITY, FL 34990

**New Principal Place of Business:**

3662 SW 30TH AVENUE  
3  
PALM CITY, FL 34990

**Current Mailing Address:**

**New Mailing Address:**

FEI Number: 20-1095473      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PEARLMAN, ALLEN  
3662 SW30 THE AVENUE  
3  
PALM CITY, FL 34990 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title:      D      ( ) Delete  
Name:      PEARLMAN, ALLEN  
Address:      3662 SW 30TH AVENUE  
City-St-Zip:      PALM CITY, FL 34990

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

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: ALLEN D. PEARLMAN

PRES

02/19/2007

Electronic Signature of Signing Officer or Director

Date