


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2008 JUL 30 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| DOCUMENT # P04000164480 | |  | |
| 1. Entity Name JOSLYN A. VANN, D.D.S, FAMILY, COSMETIC AND SPA DENTISTRY, INC. | | | |
| Principal Place of Business 2166 CASSAT AVE. JACKSONVILLE, FL 32210 | | Mailing Address 2166 CASSAT AVE. JACKSONVILLE, FL 32210 | |
| 2. Principal Place of Business - No P.O. Box # 5911 Timuquana Road | | 3. Mailing Address 5911 Timuquana Road | |
| Suite, Apt. #, etc. 202 | | Suite, Apt. #, etc. 202 | |
| City & State Jacksonville, FL | | City & State Jacksonville, FL | |
| Zip 32210 | | Country Duvai | |
| 4. FEI Number 20-1971337 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent VANN, JOSLYN A. 2166 CASSAT AVE. JACKSONVILLE, FL 32210 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete VANN, JOSLYN A. 2166 CASSAT AVE. JACKSONVILLE, FL 32210 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 07/21/08 90032 050 \$150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Joslyn A. Vann | | Date: 7/17/08 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING OFFICER OR DIRECTOR | | Date | |