


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90085 006 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P05000136378</b><br>1. Entity Name<br>AFFORDABLE DENTURES - TAMPA, P.A. |  |
|---|---|

|   |  |
|---|--|
| Principal Place of Business<br>234 BEARSS AVENUE<br>TAMPA, FL 33613 | Mailing Address<br>POB 1042<br>KINSTON, NC 28503 |
|---|--|

**DO NOT WRITE IN THIS SPACE**

01122007 No Chg-P CR2E034 (11/05)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>20-3467207 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |  |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |
|---|--|

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|---|
| 6. Name and Address of Current Registered Agent<br><br>NRAI SERVICES, INC.<br>526 E PARK AVE<br>TALLAHASSEE, FL 32301 |
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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 \_\_\_\_\_

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>SZAREJKO, MARK J<br>234 BEARSS AVENUE<br>TAMPA, FL 33613      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | S<br>EDWARDS, GEORGE L JR<br>4990 HWY 70 WEST<br>KINSTON, NC 28504 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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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:** *George L Edwards* 1-18-07 20-527-6121  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #