

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90011 007 ***150.00

DOCUMENT # P06000029974

1. Entity Name
HERSHELL GENE STEELE, D.D.S., P.A.



Principal Place of Business
11017 MILL CREEK WAY
UNIT 1003
FORT MYERS, FL 33913

Mailing Address
11017 MILL CREEK WAY
UNIT 1003
FORT MYERS, FL 33913

50002470



2. Principal Place of Business - No P.O. Box #
5781 Lee Blvd.

3. Mailing Address
5781 Lee Blvd.

Suite, Apt. #, etc.
103

Suite, Apt. #, etc.
103

03182008 Chg-P CR2E034 (12/06)

City & State
Lehigh Acres, FL

City & State
Lehigh Acres, FL

Zip
33971

Country

Zip
33971

Country

4. FEI Number
20-4415549

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STEELE, HERSHELL G
11017 MILL CREEK WAY
UNIT 1003
FORT MYERS, FL 33913

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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	P STEELE, HERSHELL G 11017 MILL CREEK WAY, UNIT 1003 FORT MYERS, FL 33913	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5781 Lee Blvd. #103 Lehigh Acres, FL 33971
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
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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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

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 another like empowered.

SIGNATURE: Hershell G. Steele

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____