

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000103982

FILED  
May 03, 2009  
Secretary of State

Entity Name: DR. DAVID HUSTON, O.D., P.A.

## Current Principal Place of Business:

2304 MACK BAYOU RD  
SANTA ROSA BEACH, FL 32459

## New Principal Place of Business:

## Current Mailing Address:

2304 MACK BAYOU RD  
SANTA ROSA BEACH, FL 32459

## New Mailing Address:

FEI Number: 20-5355528

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WARD, LORI E  
800 E HEWETT RD  
SANTA ROSA BEACH, FL 32459 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HUSTON, DAVID E  
Address: 2304 MACK BAYOU RD  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: S/T ( ) Delete  
Name: HUSTON, DAVID E  
Address: 2304 MACK BAYOU RD  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D ( ) Delete  
Name: HUSTON, DAVID E  
Address: 2304 MACK BAYOU RD  
City-St-Zip: SANTA ROSA BEACH, FL 32459

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID HUSTON

P

05/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date