2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000128017

Entity Name: SHANNON L. BENNETT, DMD P.A.

FILED Apr 22, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

15771 CALOOSA CREEK CIRCLE 8900 GLADIOLUS DRIVE FT. MYERS, FL 33908

SUITE 101

FT. MYERS, FL 33908

Current Mailing Address: New Mailing Address:

15771 CALOOSA CREEK CIRCLE FT. MYERS, FL 33908

FEI Number: 20-5804256 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BENNETT, DAVID BENNETT, SHANNON L

15771 CALOOSA CREEK CIRCLE 15771 CALOOSA CREEK CIRCLE FT. MYERS, FL 33908 FT. MYERS, FL 33908

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: SHANNON L. BENNETT 04/22/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

FT. MYERS, FL 33908 US

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FT. MYERS, FL 33908 US

Title: PRFS () Delete () Change () Addition

BENNETT, SHANNON L Name: Name: 15771 CALOOSA CREEK CIRCLE Address: Address: City-St-Zip: FT. MYERS, FL 33908 US City-St-Zip:

() Delete Title: Title: () Change () Addition

BENNETT, SHANNON L Name: Name: 15771 CALOOSA CREEK CIRCLE Address: Address: FT. MYERS, FL 33908 US City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: SECT () Delete SECT

BENNETT, DAVID BENNETT, DAVID C Name: Name:

15771 CALOOSA CREEK CIRCLE 15771 CALOOSA CREEK CIRCLE Address: Address: City-St-Zip: FT. MYERS, FL 33908 US City-St-Zip: FT. MYERS, FL 33908 US

Title: DIR () Delete Title: DIR (X) Change () Addition BENNETT, SHANNON L BENNETT, DAVID Name: Name: Address: 15771 CALOOSA CREEK CIRCLE Address: 15771 CALOOSA CREEK CIRCLE

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.

City-St-Zip:

SIGNATURE: SHANNON L. BENNETT **PRES** 04/22/2008