


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90037 020 ***158.75

DOCUMENT # P07000025400	
1. Entity Name MUELLER & WALDING, P.A.	


Principal Place of Business 4676 CLEVELAND HEIGHTS BLVD LAKELAND, FL 33813	Mailing Address 4676 CLEVELAND HEIGHTS BLVD LAKELAND, FL 33813
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2. Principal Place of Business - No P.O. Box # 3845 S. Florida Ave	3. Mailing Address 3845 S. Florida Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Lakeland, FL	City & State Lakeland, FL
Zip 33813	Country USA

	
01202008	Chg-P CR2E034 (12/06)
4. FEI Number 208582436	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
MUELLER, WILLIAM A III, DMD 4676 CLEVELAND HEIGHTS BLVD LAKELAND, FL 33813	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 3845 S. Florida Ave	
Lakeland	
City	FL Zip Code 33813

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: 	William A. Mueller, III	1/22/08
(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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUELLER, WILLIAM A III, DMD 4676 CLEVELAND HEIGHTS BLVD LAKELAND, FL 33813 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALDING, STEPHEN J III, DMD 4676 CLEVELAND HEIGHTS BLVD LAKELAND, FL 33813 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3845 S. Florida Ave Lakeland, FL 33813 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3845 S. Florida Ave Lakeland, FL 33813 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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 all other like empowered.

SIGNATURE: 	William A. Mueller, III	1/22/08	863 607-9030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #