

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000004807

**FILED**  
**Mar 22, 2009**  
**Secretary of State**

**Entity Name:** JASON D. BARLOCK DMD PA

## Current Principal Place of Business:

960 IMMOKALEE ROAD  
SUITE 204  
NAPLES, FL 34110 US

## New Principal Place of Business:

6041 ENGLISH OAKS LN  
NAPLES, FL 34119 US

## Current Mailing Address:

960 IMMOKALEE ROAD  
SUITE 204  
NAPLES, FL 34110 US

## New Mailing Address:

6041 ENGLISH OAKS LN  
NAPLES, FL 34119 US

**FEI Number:** 26-1741138

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

## Name and Address of Current Registered Agent:

BARLOCK, JASON  
960 IMMOKALEE ROAD  
SUITE 204  
NAPLES, FL 34110 US

## Name and Address of New Registered Agent:

BARLOCK, JASON  
6041 ENGLISH OAKS LN  
NAPLES, FL 34119 US

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:

03/22/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: BARLOCK, JASON D  
Address: 14961 TOSCANA WAY  
City-St-Zip: NAPLES, FL 34120 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: BARLOCK, JASON D  
Address: 6041 ENGLISH OAKS LN  
City-St-Zip: NAPLES, FL 34119 US

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: JASON D BARLOCK

DR

03/22/2009

Electronic Signature of Signing Officer or Director

Date