2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2008 08:00 AM Secretary of State

ANNUAL REPORT		
DOCUMENT # P9300063558	٠,,	

DOCUMENT # P93000063558

1. Entity Name
EDWARD A. NOLAND, D.D.S., P.A.

Principal Place of Business

Mailing Address

4790 N. 9TH AVENUE PENSACOLA, FL 32503 US

DO NOT WRITE IN THIS SPACE

4790 N. 9TH AVENUE PENSACOLA, FL 32503

f indrides sen indra little an

No Chg-P CR2E034 (11/05)

4. FEI Number 59-3189433

03302008

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NOLAND, EDWARD A 4790 N. 9TH AVENUE PENSACOLA, FL 32503

Marin Galling State (Marin State)	· · · · · · · · · · · · · · · · · · ·
生物学 福州市 湖	The state of the s
李麗龍龍皇帝 子也是,郑廷	了是我们是不断的意思。
DO	NOT WRITE
	MACHEMALIE
the second of the property of the second sec	ALTERNATION CONTRACTOR OF THE PROPERTY OF THE
KATALINA N	THIS SPACE
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

				START AND	retail (1949)
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or registered agent, or bot	h, in the State of Florida. I am fam	iliar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	it applicable (NOTE, Registered	d Agent signature required when reinstating)	DAYE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing \$5.00 May Be Added to Fees	U00000934592) 004 458 00
10.	OFFICERS AND DIREC	CTORS			, 004 120 00
TITLE	DR	<u> </u>			
NAME	NOLAND, EDWARD A				WE WITH THE
STREET ADDRESS	4790 N 9TH AVE				
CITY-ST-ZIP	PENSACOLA, FL 32503			Na serve of the Training	
TITLE					
NAME					
STREET ADDRESS			。		
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS			La	NOT WRITE	to the same
CITY-ST-ZIP			La de La Companya de		
TILE				THIS SPACE	
NAME					
STREET ADDRESS				A STATE OF THE STA	
CITY-ST-ZIP					
TITLE				The state of the s	
NAME					
STREET ADDRESS			The state of the s	n a kalina sa	
CITY-ST-ZIP					
TITLE 🔭 👸	Sugar Service Company				
NAME	.,,				
STREET ADDRESS	Contract of the Contract of th			al foreign a few or reach	
CITY-ST-ZIP	The state of the s	5 75 1 1 1 1 5 1		<u>and the second of the second </u>	<u>,</u>
12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If 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.					

EDWARD A.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR