2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000065506

1. Entity Name

STEVEN M. HOOK, D.D.S, P.A.



FILED Mar 27, 2007 08:00 AM Secretary of State

Principal Place of Business

1751 SARNO ROAD #6 MELBOURNE, FL 32935 Mailing Address

442 FOURTH AVE

INDIALANTIC, FL 32903

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DO NOT WRITE IN THIS SPACE

4. FEI Number

CR2E034 (11/05)

4. FEI Number 59-3200141

03152007

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOOK, STEVEN M 1751 SARNO ROAD

#6

MELBOURNE, FL 32935

DO NOT WRITE IN THIS SPACE

No Chg-P

8.	The above named entity submits this statement for the purpose of changing its registered office or re	gistered agent, or both,	in the State of Florida.	t am familiar with,	and accept
	the obligations of registered agent.				

SIGNATURE

Signature, typed or printed name of registered agent and title it applicable

(NOTE: Registored Agent signature required when reinstaling)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HOOK, STEVEN M 1751 SARNO RD, UNIT 6 MELBOURNE, FL 32935		
TITLE NAME STREET ADDRESS CITY-SI-ZIP			
PITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

04/04/07-80011-016 150.00

DO NOT WRITE

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 30 or Block 11 if the empowered.

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-07 (321)752-5/30

Daytime Phone