

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90256 019 ***150.00

DOCUMENT # P94000001667

1. Entity Name
M. WALKER, D.D.S., P.A.



Principal Place of Business
**2814 WEST MARTIN LUTHER KING
TAMPA, FL 33607 US**

Mailing Address
**P O BOX 270757
TAMPA, FL 33688-0757 US**

40077100



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
2814 WEST MARTIN LUTHER KING

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182007 Chg-P CR2E034 (12/06)

City & State

City & State
TAMPA, FL

4. FEI Number
59-3199534

Applied For
Not Applicable

Zip

Country

Zip

Country

33607

US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALKER, MICHAEL J DDS
16131 CARDEN DR
ODESSA, FL 33556**

Name
WALKER, MICHAEL J DDS
Street Address (P.O. Box Number is Not Acceptable)
12964 N. DALE MARAY HWY

City
TAMPA

FL

Zip Code
33618

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **WALKER, MICHAEL J DDS**
STREET ADDRESS **2814 W. MARTIN LUTHER KING BLVD.**
CITY-ST-ZIP **TAMPA, FL 33607**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/07 (813) 960 8896
Date Daytime Phone #