## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 25, 2008 08:00 A Secretary of State

		REPURI	,	1	•	Secret	ary of S
	MENT # P940000284	.38			<b>k</b>	occi cu	ary or S
1. Entity Nan	ne I E. PRESTON, JR., D.D.S., P.						
Principat Plac	ce of Business	Mailing Address					
20 N.W. RAC FT. WALTON	CETRACK RD. I BEACH, FL 32547	20 N.W. RACETRACK RD. FT. WALTON BEACH, FL 3254	7	,			
	18						
				01182008	No Chg-P	CR2E034 (1	1/05)
	O NOT WRITE	IN THIS SPA	CE	4. FEI Numbe	<del>_</del>		Applied For
				59-3243			Not Applicable
集高的影				5. Certificate	of Status Desired		5 Additional lequired
	6. Name and Address of Current Re	gistered Agent		E. AG			
PERRI, DANIEL C				ากด	NOT W	RITE	
5 CLIFFORD DR. SUITE 12				and a something	"是是"。 "是是是一个	机动物 化图图	
SHALIMAR, FL 32579					HIS SP	AUE	
				多端性對為			<b>建工程的</b>
	e named entity submits this statement for the tions of registered agent.	e purpose of changing its register	ed office or register	ed agent, or both	n, in the State of Flor	ida. I am familia	r with, and accept
SIGNATURE.							
JIGHA TOILE	Signature, typed or printed name of registered agent and	itle if applicable (NOTE Registere	d Agent signature required	when reinstaling)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution		.00 May Be ed to Fees			
10.	OFFICERS AND DIF	RECTORS	Acres de la	· \$54 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			Contraction to the
TITLE NAME	D PRESTON, WILLIAM E JR.						
STREET ADDRESS	20 N.W. RACETRACK RD.					์ ลิซาลูก์ รู้ เลือน วิทยากการ	
CITY-\$1-ZIP	FT. WALTON BEACH, FL 32547				.01/30/08±	798281; i. 80023+00.	7/150.00
TITLE NAME				18-14-19		. det 1 3 - 3 - 3 - 4 - 4	
STREET ADDRESS							
CITY-ST-ZIP							
TITLE NAME			3.4				
STREET ADDRESS				החמ <sup>י</sup>	NOT W	DITE	
CITY-ST-ZIP				o og a post og med sjelde. O de som og			
TITLE NAME				Y IN I	HIS SP	ACE	
STREET ADDRESS							
CITY-ST-ZIP TITLE		······································					
NAME					Range Market		
STREET ADDRESS CITY-ST-ZIP							
TITLE							Complete to the

12. Thereby 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: 4

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

1-22-08

Daytime Phone #