## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 05, 2007 08:00 AM Secretary of State

ANNUAL REPORT				ren 03, 2007 00.0			
DOCUMENT # P96000074287					Secretary of S	t	
1. Entity Name							
TREY.WALDING, DMD, P.A.							
					•		
Principal Plac	e of Business	Mailing Address		1			
3615 S. FLO	RIDA AVE.	3615 S. FLORIDA AVE.		1	55555510070		
SUITE 850 Lakeland, F	El 33903	SUITE 850 Lakeland, FL 33803		 	00000619876 9/07-80013-023 150.00		
LANLLAND, I	L 33003	PWETWIN' LF 22002					
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* , e			# # A				
	O NOT WOITE	IN THIS SDA	OE.	01192007 No Chg-F	P CR2E034 (11/05)		
L	O NOT WRITE	IN THIS SPA	UE .	4. FEI Number	Applied For	_	
		A second		59-3404720	Not Applicable \$8.75 Additional :	-	
				5. Certificate of Status Desir	ed Fee Required		
	6. Name and Address of Current Re	gistered Agent	- s		1		
MALDING	STEDLIEN I III		*4_ pr			:	
WALDING, STEPHEN J III 3615 S. FLORIDA AVE.				DO NOT	WRITE		
SUITE 850				IN THIS S	SPACE		
LAKELAND, FL 33803		1.14					
			1. 40	· · · · · · · · · · · · · · · · · · ·	age.	,	
	named entity submits this statement for titions of registered agent.	he purpose of changing its register	ed office or register	red agent, or both, in the State	of Florida. I am familiar with, and accept		
,,,o oo iiga,	action of the global and a gentle						
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Register	ed Agent signature required	f when reinstating)	DATE		
					<u> </u>		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		.00 May Be led to Fees			
10.	OFFICERS AND D	RECTORS	) · · ·	- I	4	,	
TITLE	D		A Section 1				
NAME STREET ADDRESS	WALDING, STEPHEN J III		i e a				
STREET ADDRESS CITY-ST-ZIP	3615 S. FLORIDA AVE.   LAKELAND, FL 33803			the state of the s		•	
TITLE				The state of the s		•	
NAME				a contract of		ř	
STREET ADDRESS			***				
CITY-ST-ZIP					· · · · · · · · · · · · · · · · · · ·		
TITLE NAME			i Cali				
STREET ADDRESS				DO NOT	WDITE		
CITY-ST-ZIP			1	STANDO NOTE	AALVINE		
TITLE				IN THIS	SPACE"	_	
NAME STREET ADDRESS				6408			
CITY-ST-ZIP					,		
TITLE					化对称 "一种"		
NAME OTREET ADDRESS	}					•	
STREET ADDRESS CITY-ST-ZIP			* *				
TITLE					医咽喉 网络大块		
	I						

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: \*\*

STREET ADDRESS CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

x1-30-07

(813-763-2708)