## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000036996

AVANT, STELLA M

1330 N. PENINSULA DR.

NEW SMYRNA BEACH, FL 32169

Name:

Address: City-St-Zip:

Entity Name: SONDRA L. AVANT D.D.S., M.S., P.A.

FILED Jan 14, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 731 DUNLAWTON AVENUE SUITE 105 PORT ORANGE, FL 32127 **New Mailing Address: Current Mailing Address:** 731 DUNLAWTON AVENUE SUITE 105 PORT ORANGE, FL 32127 FEI Number: 59-3451390 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AVANT, SONDRA L D.D.S 731 DUNLAWTON AVENUE SUITE 105 PORT ORANGE, FL 32127 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition AVANT, SONDRA L Name: Name: 731 DUNLAWTON AVE., SUITE 105 Address: Address: City-St-Zip: PORT ORANGE, FL 32127 City-St-Zip: Title: VD Title: () Delete () Change () Addition Name: AVANT, HUGH Name: 1330 N. PENINSULA DR. Address: Address: NEW SMYRNA BEACH, FL 32169 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: SD () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: SONDRA L. AVANT PD 01/14/2008