2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 03, 2008 08:00 A Secretary of State

ANNUAL REPORT					Secretary of St			
DOCUMENT # P98000058190 1. Entity Name WILLIAM F. MESSNER, DDS, P.A.						secretary	or St.	
Principal Plac	ce of Business	Mailing Address						
10221 HIGH	WAY 98 WEST	10221 HIGHWAY 98 WEST						
UNIT 10 UNIT 10 Miramar Beach, Fl. 32550 Miramar Beach, Fl. 325:		UNIT 10 Miramar Beach, FL 32550						
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		IN THIS SEA		4. FEI Numb 59-352			plied For of Applicable	
				40° 10°	of Status Desired	□ \$8.75 Add	Iltional	
2. 4. 1. 2. 4. 1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	6. Name and Address of Current Re							
MESSNEF	R, WILLIAM F				NOT W	BITE		
10221 HIGHWAY 98 WEST UNIT 10					NOT W			
MIRAMAR BEACH, FL 32550				IN:	THIS SP	ACE		
	e named entity submits this statement for the	ne purpose of changing its register	ed office or re	egistered agent, or bo	th, in the State of Flo	rida. I am familiar with,	and accept	
_	tions of registered agent.							
SIGNATURE.	Signature, typed or printed name of registered agent and	tille il appacable (NOTE, Registere	d Agent signature	required when reinstating)	<u> </u>	DATE		
FiL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		\$5.00 May Be Added to Fees				
10.	OFFICERS AND DI	RECTORS	1 1 2 1 22	The same of the same		TO THE STATE OF TH	医特别人 在	
TITLE NAME	P MESSNER, WILLIAM F							
STREET ADDRESS	10221 HIGHWAY 98 WEST							
CITY-ST-ZIP	MIRAMAR BEACH, FL 32550				. 1000000 100000000000000000000000000000	8463 (5	i.io	
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NAME					THIS SP	AUE		
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NAME Street address							SECTION OF	
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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

TITLE NAME STREET ADDRESS

BIGNATURE AND TYPED OR PRINTED-MARKE OF SIGNING OFFICER OR DIRECTOR