

... FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90004 001 ***150.00

DOCUMENT # P98000098519

1. Corporation Name

I LOVE MY DENTIST, INC.



Principal Place of Business

**323 N WALNUT ST
STARKE FL 32091**

Mailing Address

**323 N WALNUT ST
STARKE FL 32091**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

11/24/1998

4. FEI Number

59-3554067

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**HERRES, JOSEPH
323 N WALNUT ST
STARKE FL 32091**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

**D
HERRES, JOSEPH
323 N WALNUT ST
STARKE FL 32091**

**D
ALLEN, GREGORY
603 E CALL ST
STARKE FL 32091**

**D
[Name]
[Address]
[City, ST, ZIP]**

**D
[Name]
[Address]
[City, ST, ZIP]**

**D
[Name]
[Address]
[City, ST, ZIP]**

**D
[Name]
[Address]
[City, ST, ZIP]**

**1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP**

**2. TITLE
2. NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP**

**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP**

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP**

I certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Joseph Herres** **JOSEPH HERRES**

Date: **4/23/99** Daytime Phone #: **904.964.9574**

CP25024 (11/98)