


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # S15309**  
 1. Entity Name  
**DAVIS AND BEYER, D.D.S., P.A.**



Principal Place of Business      Mailing Address  
**1218 E VENICE AVE**      **1218 E VENICE AVE**  
**VENICE, FL 34292**      **VENICE, FL 34292**

**DO NOT WRITE IN THIS SPACE**



01112007      No Chg-P      CR2E034 (11/05)

4. FEI Number <b>59-3038968</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**DAVIS, CHARLES H.**  
**1218 E. VENICE AVE**  
**VENICE, FL 34285**

**DO NOT WRITE IN THIS SPACE**

**8.** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

**9. Election Campaign Financing**  
 Trust Fund Contribution.            **\$5.00** May Be Added to Fees

U00000590333  
 01/18/07-80053-001 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, CHARLES H. 1218 E VENICE AVE VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEYER, BRENT C 1218 E. VENICE AVE VENICE, FL 34285
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

**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:** Brent C. Beyer      **BRENT C. BEYER**      1/11/2007      941 488 1075  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #