

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # S24415

1. Entity Name
HAWLEY & HAWLEY DENTAL ASSOCIATES, P.A.



Principal Place of Business

21752 STATE ROAD 54
LUTZ, FL 33549

Mailing Address

21752 STATE ROAD 54
LUTZ, FL 33549



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3046086

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAYES, TIMOTHY B.
HAYES AND ALBRECHTA, P.A.
21859 STATE RD. 54, SUITE 200
LUTZ, FL 33549

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000026814
02/21/08-80064-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HAWLEY, ROBIN
STREET ADDRESS	21752 STATE RD 54
CITY- ST- ZIP	LUTZ, FL
TITLE	ST
NAME	HAWLEY, DEBORAH
STREET ADDRESS	21752 STATE RD 54
CITY- ST- ZIP	LUTZ, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/08

Date

Daytime Phone #

Deborah S. Hawley, D.D.S.