## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # S28882** 

1. Entity Name

ROY E. BARKOE, D.D.S., P.A.



Principal Place of Business

Mailing Address

7491 N FEDERAL HWY

BOCA RATON, FL 33487

7491 N FEDERAL HWY

C-14 BOCA RATON, FL 33487

## **FILED** Mar 12, 2007 08:00 A Secretary of State



03052007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0331319

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARKOE, ROY E 7491 N FEDERAL HIGHWAY BOCA RATON, FL 33487

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			1		
	named entity submits this statement for the pions of registered agent.	urpose of changing its regi	stered office or r	egistered agent, or both, in th	ne State of Florida. I am familiar with, and accept
SIGNATURE.					
Signature, typed or printed name of registered agent and tide if applicable (NOTE: Registered Agent signature required when reinstalling) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			
10.	OFFICERS AND DIRECTORS			J.,	— , , , , , , , , , , , , , , , , , , ,
TITLE	D				
NAME	BARKOE, ROY E.				
STREET ADDRESS	7491 N FEDERAL HWY				
CITY-ST-ZIP	BOCA RATON, FL		1		
TITLE		•			
NAME					
CIDELL TUDOLCC	1		•		V <sup>2</sup> 1880,080,085,555,10

03/22/07-80023-005 150.00

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CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 of the corporation or the receive of the corporation or the recei-changed, or on an attachment ke empowered.

CITY-S1-7IP TITLE NAME STREET ADDRESS

CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS