


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # V63503 1. Entity Name JOHN A. SCHWERER, D.M.D., P.A.	
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Principal Place of Business 4634 S 25TH ST FORT PIERCE, FL 34981 US	Mailing Address PO BOX 14980 FORT PIERCE, FL 34979 US
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DO NOT WRITE IN THIS SPACE

02242008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0361347	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWERER, JOHN A.
 4634 S. 25TH STREET
 FORT PIERCE, FL 34981

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 _____

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

100000290175
 04/22/08-80034-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SCHWERER, JOHN A. 4634 S. 25TH STREET FORT PIERCE, FL 34981
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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: *John Schwerer* **John Schwerer** *2/23/08* **2/23/08** *772 461-7323* **772 461-7323**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #