


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 492422**  
 1. Entity Name  
**STANLEY O. DEVRIES, D.D.S., P.A.**



Principal Place of Business Mailing Address  
 11520 OAKHURST RD. 11520 OAKHURST RD.  
 LARGO FL 33774 LARGO FL 33774  
 US US

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt #, etc. Suite, Apt #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number **59-1633829** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DELOACH, JR., DENNIS R.**  
**8486 SEMINOLE BLVD.**  
**ST. PETERSBURG FL 34642**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | P                      | <input type="checkbox"/> Delete |
| NAME           | DEVRIES, STANLEY O.    |                                 |
| STREET ADDRESS | 11520 OAKHURST RD.     |                                 |
| CITY-STATE-ZIP | LARGO FL               |                                 |
| TITLE          | S                      | <input type="checkbox"/> Delete |
| NAME           | DEVRIES, BETTY M.      |                                 |
| STREET ADDRESS | 11520 OAKHURST RD.     |                                 |
| CITY-STATE-ZIP | LARGO FL               |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | DEVRIES, GREGORY O.    |                                 |
| STREET ADDRESS | 11520 OAKHURST RD.     |                                 |
| CITY-STATE-ZIP | LARGO FL               |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | RAYES, JAMES G.        |                                 |
| STREET ADDRESS | 1510 BARRY ST., STE. D |                                 |
| CITY-STATE-ZIP | CLEARWATER FL          |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-STATE-ZIP |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-STATE-ZIP |                        |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |                           |   |
|----------------|---------------------------|---|
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |   |
| STREET ADDRESS | LI00000192776             |   |
| CITY-STATE-ZIP | 01/25/05-80030-023 150.00 |   |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |   |
| STREET ADDRESS |                           |   |
| CITY-STATE-ZIP |                           |   |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |   |
| STREET ADDRESS |                           |   |
| CITY-STATE-ZIP |                           |   |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |   |
| STREET ADDRESS |                           |   |
| CITY-STATE-ZIP |                           |   |

12. I hereby 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 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:** *Stanley O. Devries* 1-20-05 727-596-2271  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #