


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90001 005 \*\*\*150.00

<b>DOCUMENT # 520778</b>	
1. Entity Name CARL W. MAGYAR, D.D.S., P.A.	

Principal Place of Business 6 N. GRAYTWIG COURT HOMOSASSA, FL 34446 US	Mailing Address P.O. BOX 3015 HOMOSASSA SPRINGS, FL 34447 US
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**44007347**

2. Principal Place of Business 22 Regina Blvd Suite, Apt. #, etc.	3. Mailing Address 22 Regina Blvd Suite, Apt. #, etc.
City & State Beverly Hills FL	City & State Beverly Hills FL
Zip Country 34465 USA	Zip Country 34465 USA

01222004 Chg-P CR2E034 (10/03)

4. FEI Number  
59-1713325

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

6. Name and Address of Current Registered Agent MAGYAR, CARL W. 5 N. GRAY TWIG CT. HOMOSASSA, FL 34446	7. Name and Address of New Registered Agent Name Carl W. Magyar Street Address (P.O. Box Number is Not Acceptable) 11729 W Coquina Ct City Crystal River FL Zip Code 34429
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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 Carl W. Magyar D.D.S. DATE 1/31/04

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAGYAR, CARL W. 5 GRAYTWIG CT NORTH HOMOSASSA, FL 34446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Carl W Magyar 11729 W Coquina Ct Crystal River FL 34429 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAGYAR, MARDENE 5 GRAYTWIG NCT NORTH HOMOSASSA, FL 34446 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Carl W. Magyar DATE 1/31/04 DAYTIME PHONE # 352-527-8585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR