

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004610

FILED
Apr 27, 2005
Secretary of State

Entity Name: DONALD J. SAMMARCO, D.D.S., P.A.

Current Principal Place of Business:

742 N. FERN CREEK AVE
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

742 N. FERN CREEK AVE
ORLANDO, FL 32803

New Mailing Address:

2200 WINTER SPRINGS BLVD.
SUITE 103
OVIEDO, FL 32765

FEI Number: 52-1098213

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEFKOWITZ, IVAN M
430 N. MILLS AVE
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPST () Delete
Name: SAMMARCO, DONALD J
Address: 851 BARR STREET
City-St-Zip: OVIEDO, FL 32765

Title: TD () Delete
Name: SAMMARCO, KRISTIN
Address: 851 BARR ST
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: SAMMARCO, D. PETER
Address: 851 BARR ST.
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: SAMMARCO, COURTNEY ANN
Address: 851 BARR ST.
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD J. SAMMARCO

DR

04/27/2005

Electronic Signature of Signing Officer or Director

_____ Date