


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # H69533**  
 1. Entity Name  
 STEEN F.T. BINDSLEV, D.D.S., P.A.



Principal Place of Business      Mailing Address  
 % STEEN F. T. BINDSLEV      % STEEN F. T. BINDSLEV  
 19 BALD EAGLE DRIVE      19 BALD EAGLE DRIVE  
 MARCO ISLAND, FL 34145      MARCO ISLAND, FL 34145

**DO NOT WRITE IN THIS SPACE**



01112005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 59-2558088      Not Applicable

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

6. Name and Address of Current Registered Agent  
 BINDSLEV, STEEN F. T.  
 19 BALD EAGLE DRIVE  
 MARCO ISLAND, FL 34145

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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 \_\_\_\_\_ 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**

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

10. OFFICERS AND DIRECTORS

TITLE	DR
NAME	BINDSLEV, STEEN F. T.
STREET ADDRESS	19 BALD EAGLE DRIVE
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 012705-80064-004 150.00

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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: *[Signature]*      Date: *1/27/05*      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR