

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90026 011 ***150.00

DOCUMENT # P01000000338			
1. Entity Name GLENN J. LOSASSO, D.D.S., P.A.			
Principal Place of Business 2020 HWY A1A, STE 105 INDIAN HARBOR BEACH, FL 32937		Mailing Address 2020 HWY A1A, STE 105 INDIAN HARBOR BEACH, FL 32937	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LOSASSO, GLENN J 2020 HWY A1A, STE 105 INDIAN HARBOR BEACH, FL 32937		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 _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when renewing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '04	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS LOSASSO, GLENN J 2020 HWY A1A, STE 105 INDIAN HARBOR BEACH, FL 32937 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(f), 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 title empowered.			
SIGNATURE: <i>Glenn J. Losasso</i>		DATE: 1/22/04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	

