

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Mar 18, 2004 8:00 am
Secretary of State

03-03-2004 90008 012 ***150.00

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DOCUMENT # P03000135746

1. Entity Name
TODAY'S DENTAL OF S.W. FLORIDA, INC.



Principal Place of Business Mailing Address
17991 OAKMONT RIDGE CIRCLE **17991 OAKMONT RIDGE CIRCLE**
FT MYERS FL 33912 **FT MYERS FL 33912**

66406677



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
1227 Del Prado Blvd Suite 107 **Suite 107**

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 107

City & State City & State
Cape Coral, FL

4. FEI Number **47-0934696** Applied For
 Not Applicable

Zip Country Zip Country
33990 **USA**

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

6. Name and Address of Current Registered Agent
SHARP, TODD L
17991 OAKMONT RIDGE CIRCLE
FT MYERS FL 33912

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: *Todd Sharp* DATE: *2/23/04*
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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SHARP, TODD L 17991 OAKMONT RIDGE CIRCLE FT MYERS FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SHARP, SANDRA L 17991 OAKMONT RIDGE CIRCLE FT MYERS FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Todd Sharp* Date: *2/23/04* Daytime Phone #: *239 573 2329*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR