

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000111594

FILED  
Jan 29, 2005  
Secretary of State

Entity Name: SHAWN M. PERCE, D.M.D., M.S.D., P.A.

**Current Principal Place of Business:**

605 STATE ROAD 13 NORTH  
SUITE 104  
JACKSONVILLE, FL 32259 US

**New Principal Place of Business:**

**Current Mailing Address:**

605 STATE ROAD 13 NORTH  
SUITE 104  
JACKSONVILLE, FL 32259 US

**New Mailing Address:**

FEI Number: 73-1713717      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PERCE, SHAWN M  
10901 BURNT MILL ROAD  
APT 2707  
JACKSONVILLE, FL 32256 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: PS ( ) Delete  
Name: PERCE, SHAWN M  
Address: 10901 BURNT MILL RD, APT 2707  
City-St-Zip: JACKSONVILLE, FL 32256 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: SHAWN PERCE

PRES

01/29/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date