


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000040313  
 1. Entity Name  
 DENTAL TECHNIQUE OF WEST FLORIDA, INC.



Principal Place of Business      Mailing Address  
 166 CLEARWATER LARGO RD      166 CLEARWATER LARGO RD  
 LARGO, FL 33770 US      LARGO, FL 33770 US



04212005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 59-3253142      Not Applicable

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

**6. Name and Address of Current Registered Agent**

MAGLI, NICHOLAS  
 166 CLEARWATER LARGO RD  
 LARGO, FL 33770

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**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

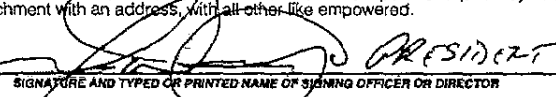
**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	MAGLI, NICHOLAS
STREET ADDRESS	19829 GULF BLVD #504
CITY-ST-ZIP	INDIAN SHORES, FL 33785
TITLE	DST
NAME	MAGLI, SUSAN E
STREET ADDRESS	19829 GULF BLVD #504
CITY-ST-ZIP	INDIAN SHORES, FL 33785
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000341341  
 04/29/05-80011-023 150.00

**DO NOT WRITE IN THIS SPACE**

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 like empowered.

SIGNATURE:  PRESIDENT      4-26-05 727-415-5800 CW  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #