

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000077896

**FILED**  
**Apr 30, 2005**  
**Secretary of State**

**Entity Name:** JENNY N. DAVENPORT, D.D.S., P.A.

**Current Principal Place of Business:**

945 PARKVIEW DR  
TALLAHASSEE, FL 32311 US

**New Principal Place of Business:**

510 N. ADAMS STREET  
TALLAHASSEE, FL 32301 US

**Current Mailing Address:**

945 PARKVIEW DR  
TALLAHASSEE, FL 32311 US

**New Mailing Address:**

510 N. ADAMS STREET  
TALLAHASSEE, FL 32301 US

**FEI Number:** 59-3402732      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DAVENPORT, JENNY N DR.  
945 PARKVIEW DR  
TALLAHASSEE, FL 32311 US

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

DAVENPORT, JENNY N DR.  
423 SHANTILLY TERRACE  
TALLAHASSEE, FL 32312 US

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: JENNY N. DAVENPORT, DDS      04/30/2005  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PDST ( ) Delete  
Name: DAVENPORT, JENNY N DR.  
Address: 3839 4TH ST N STE 350  
City-St-Zip: SAINT PETERSBURG, FL 33703

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

Title: PDST (X) Change ( ) Addition  
Name: DAVENPORT, JENNY N DR.  
Address: 510 N. ADAMS STREET  
City-St-Zip: TALLAHASSEE, FL 32301

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: JENNY N. DAVENPORT, DDS      PDST      04/30/2005  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date