

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 511540

1. Entity Name

DAVID K. SMITH, D.D.S., P.A.



Principal Place of Business

120 EAST DIXIE AVE
LEESBURG, FL 34748-6350

Mailing Address

120 EAST DIXIE AVE
LEESBURG, FL 34748-6350



07122004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-1685579

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SMITH, DAVID K.
120 EAST DIXIE AVENUE
LEESBURG, FL 32748

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SMITH, DAVID K.
STREET ADDRESS 120 EAST DIXIE AVE.
CITY-ST-ZIP LEESBURG FL,

TITLE VPS
NAME SMITH, JAN J
STREET ADDRESS 120 E DIXIE AVE
CITY-ST-ZIP LEESBURG, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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07/22/04-80001-024 150.00

**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)(b), 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:

David K. Smith
DAVID K. SMITH, D.D.S., P.A. President

7/20/04

(352) 787-7890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #