## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 511540**

me: DAVIDK SMITH DDS PA

FILED Mar 13, 2005 Secretary of State

| Entity Na                                   | Me: DAVID K  | SMITH, D.D.S., P.A.            |   |  |  |
|---|--|--------------------------------|---|--|--|
| Current Principal Place of Business:        |  |                                | New Principal Place of Business:            |  |  |
|   | DIXIE AVE<br>2G, FL 347486                             | 3350                           |   |  |  |
| Current Mailing Address:                    |  |                                | New Mailing Address:                        |  |  |
|   | DIXIE AVE<br>2G, FL 347486                             | 3350                           |   |  |  |
| FEI Number                                  | : 59-1685579   | FEI Number Applied For ( )     | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and                                    | d Address of   | Current Registered Agent:      | Name and Address                            | of New Registered Agent:                     |  |
| LEESBUR                                     | DIXIE AVENU<br>PG, FL 32748                            | US                             | nurnoso of changing its registered          | ed office or registered agent, or both,      |  |
|   | e of Florida.  | submits this statement for the | purpose of changing its registere           | ed office of registered agent, or both,      |  |
| SIGNATUI                                    | RE:  |                                |   |  |  |
|   | Electro  | nic Signature of Registered Ag | ent   | Date   |  |
| Election Car                                | mpaign Financir  | g Trust Fund Contribution ( ). |   |  |  |
| OFFICERS AND DIRECTORS:                     |  |                                | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | PD (<br>SMITH, DAVID<br>120 EAST DIX<br>LEESBURG FI    | IE AVE.                        | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | VPS (<br>SMITH, JAN J,<br>120 E DIXIE A<br>LEESBURG, F |                                | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |

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: DAVID K. SMITH PD 03/13/2005