## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 09, 2004 08:00-AM

Secretary of State

	ANNUAL	KEPORI	g <u>.</u> ( 1]##		-Apr 09, 2004 08:00 A
1. Entity Nam	MENT # 542881  B. MCLENDON, D.D.S., P.A.				Secretary of State
Principal Plac 3863 CENTR ST PETERSB		Mailing Address 3863 CENTRAL AVE ST PETERSBURG, FL 33713			
C	OO NOT WRITE		CE	04042004 4. FEI Numb 59-176	
	6. Name and Address of Current Re	gistered Agent			
MCLENDON, DONALD B 3863 CENTRAL AVE ST PETERSBURG, FL 33713			DO NOT WRITE IN THIS SPACE		
3. 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 annitrable (MOTE Rentwices	orlupes, esuiscipis treps b	d when coincidings	DATE E
FIL After M:	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Finar	ncing \$5	.00 May Be	000000107245 04/09/04-80007-012 150.00
10.	OFFICERS AND DI	RECTORS	<u> </u>		
TITLE NAME STREET ADDRESS CRY-ST-ZIP	PD MCLENDON, DONALD B 3863 CENTRAL AVE ST PETERSBURG, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NO			NOT WRITE	
Title Name Street address City-St-Zip	:55		IN THIS SPACE		
TITLE NAME STREET ADDRESS GITY-ST-ZIP					
TITLE NAME STREET ADDRESS GITY-ST-7IP					

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

Donald B.M. SLendon

SIGNATURE: /

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/04

1327-3570