


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

<b>DOCUMENT # 600620</b>			
1. Entity Name <b>HASEMEIER &amp; NALLS, D.D.S., P.A.</b>			
Principal Place of Business <b>3220 S TAMiami TRAIL SARASOTA FL 34239</b>		Mailing Address <b>3220 S TAMiami TRAIL SARASOTA FL 34239</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>NALLS, MALCOLM P. 3220 S. TAMiami TRAIL SARASOTA FL 34239</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retreating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PST NALLS, MALCOLM P 3220 S TAMiami TRAIL SARASOTA, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP NALLS, MALCOLM P 3220 SO TAMiami TRAIL SARASOTA FL 34239 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	000000293590 04/08/05-80034-020 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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1st MOORE CR2E034 (10/04)

4. FEI Number **59-1227926** ☐ Applied For ☐ Not Applicable

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

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.

SIGNATURE: Malcolm P. Nalls DDS **MALCOLM P. NALLS DDS 4-5-05 941 365 2424**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #