


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90078 042 ***150.00

DOCUMENT # 601803 1. Entity Name J. V. STEELE, D.D.S.P.A.	
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Principal Place of Business 6401 AUGUSTA BLVD LARGO, FL 33777	Mailing Address 6401 AUGUSTA BLVD LARGO, FL 33777
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2. Principal Place of Business 14695 SEMINOLE TRL. Suite, Apt. #, etc.	3. Mailing Address 14695 SEMINOLE TRL. Suite, Apt. #, etc.
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City & State SEMINOLE FL	City & State SEMINOLE FL	4. FEI Number 59-1289788	Applied For Not Applicable
Zip 33776	Country USA	Zip 33776	Country USA

6. Name and Address of Current Registered Agent STEELE, J V 6401 AUGUSTA BLVD LARGO, FL 33777		7. Name and Address of New Registered Agent Name STEELE, J V Street Address (P.O. Box Number is Not Acceptable) 14695 SEMINOLE TRL. City SEMINOLE FL Zip Code 33776	
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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: J.V. Steele (NOTE: Registered Agent signature required when reinstating) DATE: 04/05/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEELE, J V 6401 AUGUSTA BLVD LARGO, FL 33777 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEELE, J V 14695 SEMINOLE TRL. SEMINOLE, FL 33776 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS STEELE, J V 6401 AUGUSTA BLVD LARGO, FL 33777 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS STEELE, J V 14695 SEMINOLE TRL SEMINOLE, FL 33776 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: J.V. Steele J.V. STEELE DATE: 04/05/05 727 517 1397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

