

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90017 019 ***150.00

DOCUMENT # 603532 1. Entity Name DON L. KING D.D.S., P.A.					
Principal Place of Business 2122 N E 2ND ST POMPANO BEACH, FL 33062			Mailing Address 2122 N E 2ND ST POMPANO BEACH, FL 33062		
2. Principal Place of Business 9013 SUMMERSET BAY LANE		3. Mailing Address 9013 SUMMERSET BAY LANE			
Suite, Apt. #, etc. 401		Suite, Apt. #, etc. 401			
City & State VERO BEACH, FL		City & State VERO BEACH, FL			
Zip 32963		Country U.S.A.		4. FEI Number 59-1396032	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable			
6. Name and Address of Current Registered Agent KING, DON L 2122 N E 2ND ST POMPANO BEACH, FL 33062			7. Name and Address of New Registered Agent Name KING, DON L. Street Address (P.O. Box Number is Not Acceptable) 9013 SUMMERSET BAY LANE City VERO BEACH FL Zip Code 32963		
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 2/21/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 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	PD KING, DON L 2122 N.E. 2ND ST. POMPANO BEACH, FL 33062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD, KING, DON KING, DON L. 9013 SUMMERSET BAY LN, #401 VERO BEACH, FL 32963	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, JULIE A 2700 N E 10TH ST POMPANO BEACH, FL 33062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, JULIE A. 9013 SUMMERSET BAY LANE, #401 VERO BEACH, FL 32963	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 2/21-04 Gaytime Phone #		

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