


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 603720 1. Entity Name FRANK A. SZOT D.D.S., P.A.	
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Principal Place of Business 842 ANCHOR RODE DR NAPLES, FL 34103 US	Mailing Address 842 ANCHOR RODE DR. NAPLES, FL 34103 US
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05062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1424141	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SZOT, FRANK A., D.D.S. 842 ANCHOR RODE DR. NAPLES, FL 34103	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

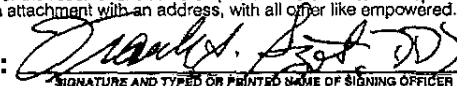
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD SZOT, FRANK A 842 ANCHOR RODE DR. NAPLES, FL 34103
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05/09/05-80008-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  5/6/05 239-262-1404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FRANK A. SZOT, D.D.S.,