


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # 604018
 1. Entity Name
 HARRISON DENTAL ASSOCIATES, P.A.



Principal Place of Business 1012 WEST 11TH STREET PANAMA CITY, FL 32401	Mailing Address 1012 WEST 11TH STREET PANAMA CITY, FL 32401
---	---

DO NOT WRITE IN THIS SPACE



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1466656	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

HARRISON, FRANKLIN R.
 406 MAGNOLIA AVENUE
 PANAMA CITY, FL 32401

DO NOT WRITE IN THIS SPACE

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
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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HARRISON, W.G. 1012 WEST 11TH STREET PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HARRISON, W.G. 1012 WEST 11TH STREET PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARRISON, FRANKLIN R. 406 MAGNOLIA AVENUE PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

153360142083
 04/30/04-00036-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: W. G. Harrison 5/29/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #