

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90220 032 \*\*\*150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # 604716				
1. Entity Name PETER J. MACLEOD, D.D.S., P.A.				
Principal Place of Business 1406 KINGSLEY AVE ORANGE PARK FL 32073		Mailing Address 1406 KINGSLEY AVE ORANGE PARK FL 32073		
2. Principal Place of Business		3. Mailing Address 1406 Kingsley Ave		
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite C		
City & State		City & State ORANGE PARK FL		
Zip	Country	Zip 32073	Country USA	
5. Certificate of Status Desired <input type="checkbox"/>		5. FEI Number 59-1494154		
		Applied For Not Applicable		
6. Name and Address of Current Registered Agent MACLEOD, PETER JULE, D.D.S. 1406 KINGSLEY AVENUE ORANGE PARK FL		7. Name and Address of New Registered Agent		
		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		City		
		FL 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 2-23-05		
Signature typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when registering)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD MACLEOD, PETER J 1408 KINGSLEY AVE ORANGE PARK FL	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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:		DATE 3-17-05 904-264-9911		
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #		
Peter J MacLeod President				