


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 634101
1. Entity Name
ALAN G. SIRMANS, D.D.S., P.A.



Principal Place of Business: 2085 LANGLEY AVE, PENSACOLA, FL 32504
Mailing Address: 2985 LANGLEY AVE, PENSACOLA, FL 32504



04302004 No Chg-P CR2E031 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-1944703 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIRMANS, ALAN G., D.D.S.
2985 LANGLEY AVE
PENSACOLA, FL 32504

**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 chief name of registered agent.

SIGNATURE: _____ DATE: _____
(If Not the Chief Name of Registered Agent and Not Applicable) (If Not Registered Agent Signature Required when Renewing)

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

100000153418
05/04/04-00124-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SIRMANS, ALAN, G. DDS
STREET ADDRESS	1531 BOHEMIA DR
CITY ST ZIP	PENSACOLA, FL 32504
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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**

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 hereon, or on an attachment with an address with all other like empowered

SIGNATURE: Alan G Sirmans DDS Alan G Sirmans
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/30/04 850 478-0391
Florida Phone #