


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90172 017 ***150.00

DOCUMENT # 643437 1. Entity Name J. MICHAEL WHITT, P.A.			
Principal Place of Business 11157 W HWY 50 OCOE, FL 34761		Mailing Address 11157 W HWY 50 OCOE, FL 34761	
1060 S. HWY 27/441		1060 S. HWY 27/441	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State LADY LAKE, FL		City & State LADY LAKE, FL	
Zip 32159		Zip 32159	
Country USA		Country USA	
4. FEI Number 59-1939867		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITT, J. MICHAEL, D.M.D., P.A. 11157 W COLONIAL DR OCOE, FL 34761		7. Name and Address of New Registered Agent Name J. MICHAEL WHITT, DMD, PA Street Address (P.O. Box Number is Not Acceptable) 1060 S. HWY 27/441 LA City LADY LAKE	
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.		FL Zip Code 32159	
SIGNATURE: J. Michael Whitt, DMD, PA		DATE: 4/28/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	NAME WHITT, J. MICHAEL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9709 WEDGEWOOD LN	CITY-ST-ZIP LEESBURG, FL 34788		
TITLE NAME	STREET ADDRESS NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP NAME	CITY-ST-ZIP NAME		
TITLE NAME	STREET ADDRESS NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP NAME	CITY-ST-ZIP NAME		
TITLE NAME	STREET ADDRESS NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP NAME	CITY-ST-ZIP NAME		
TITLE NAME	STREET ADDRESS NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP NAME	CITY-ST-ZIP NAME		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: J. Michael Whitt, DMD, PA		DATE: 4-28-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 352/751-1178	