

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 648100</b>	
1. Entity Name <b>WILLIAM MARCHESE, D.M.D., P.A.</b>	
Principal Place of Business <b>315 WEST CALL ST. STARKE, FL 32901 US</b>	Mailing Address <b>315 WEST CALL ST. STARKE, FL 32901 US</b>



**DO NOT WRITE IN THIS SPACE**

01202005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1954240</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MARCHESE, WILLIAM  
315 WEST CALL STREET  
STARKE, FL 32091**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000308253

04/15/05-80088-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MARCHESE, WILLIAM 315 WEST CALL STREET STARKE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCHESE WILLIAM 315 WEST CALL STREET STARKE, FL
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**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/05

Date

904-964-8805

Daytime Phone #