## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 656690** 

FILED Jan 19, 2004 Secretary of State

Entity Name: MICHAEL JOHN MANZOLI, D.M.D., P.A.

**Current Principal Place of Business: New Principal Place of Business:** 

P.O. BOX 400

3644 SOUTH SUNCOAST BLVD.

3644 SOUTH SUNCOAST BLVD HOMOSASSA SPRINGS, FL 34448 US

HOMOSASSA SPRINGS, FL 34448 US

**New Mailing Address: Current Mailing Address:** 

3644 SOUTH SUNCOAST BLVD. P.O. BOX 400 HOMOSASSA SPRINGS, FL 34447 US

FEI Number: 59-1968888 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MANZOLI, MICHAEL JOHN 3644 S. SÚNCOAST BLVD. HOMOSASSA SPRINGS, FL 34448 US

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: () Change () Addition

MANZOLI, MICHAEL JOH, N Name: Name: 3644 S. SUNCOAST BLVD. Address: Address: City-St-Zip: HOMOSASSA SPRINGS FL, City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL JOHN MANZOLI **PRES** 01/19/2004