

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 656690

FILED
Jan 19, 2005
Secretary of State

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

Current Principal Place of Business:

3644 SOUTH SUNCOAST BLVD.
HOMOSASSA SPRINGS, FL 34448 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
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 Statutes. 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

PD

01/19/2005

Electronic Signature of Signing Officer or Director

_____ Date