2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # 689364

1. Entity Name

DOUGLAS W. HIGHTOWER D.D.S., P.A.



FILED Feb 23, 2004 08:00 AM Secretary of State

Principal Place of Business

5075 CARPENTER CREEK DRIVE PENSACOLA, FL 32503 US Mailing Address

POST OFFICE BOX 12646 PENSACOLA, FL 32574



02142004

No Chg-P

CR2E034 (10/03)

FEI Number
 59-2004466

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HIGHTOWER, DOUGLAS W 5075 CARPENTER CREEK DRIVE PENSACOLA, FL 32503

SIGNATURE: X

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the p ions of registered agent.	urpose of changing its registered	d office or re	egistered agent, or bo	th, in the State of Florida. I am fa	amiliar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and tide if applicable (NOTE, Registered Agent signature required when reinstating)  DATE						
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	// ///////////////////////////////////	ากร เรก กก
10.	OFFICERS AND DIREC	TORS				ous rowade
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HIGHTOWER, DOUGLAS W 5075 CARPENTER CREEK DR. PENSACOLA, FL 00000,					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	<b>:</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<u></u>		
12. I hereby certify that the information supplied with this filling 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.						