2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # 689364

1. Entity Name

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



5075 CARPENTER CREEK DRIVE PENSACOLA, FL 32503. US

Principal Place of Business

Mailing Address POST OFFICE BOX 12646

PENSACOLA, FL 32574

FILED Feb 05, 2005 08:00 AM Secretary of State



01272005

No Chg-P

CR2E034 (10/03)

4. 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

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| 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 | //00000215967 02/05/05-80029-019 150.00 |
| 10. | OFFICERS AND DIREC | TORS | | | |
| TITLE NAME STREET ADDRESS GITY - 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 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| 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. | | | | | |

OFFICER OR DIRECTOR