
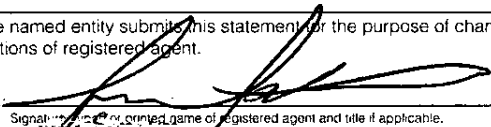



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90048 005 \*\*\*150.00

<b>DOCUMENT # F27927</b> 1. Entity Name <b>JOSEPH A. MARTINEAU, D.D.S., P.A.</b>					
Principal Place of Business <b>C/O WILLIAM R PLATT 600 S MAGNOLIA AVE #125 TAMPA FL 32606 US</b>			Mailing Address <b>C/O WILLIAM R PLATT 600 S MAGNOLIA AVE #125 TAMPA FL 32606 US</b>		
2. Principal Place of Business <b>17 Davis Blvd., Suite 405</b> Suite, Apt. #, etc. <b>Suite 405</b>			3. Mailing Address Suite, Apt. #, etc.		
City & State <b>Tampa FL 33606</b>			City & State		
Zip <b>33606</b>		Country <b>USA</b>		Zip	
Country <b>USA</b>		Zip		Country	
4. FEI Number <b>59-2105450</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PLATT, WILLIAM R C/O JOSEPH MARTINEAU D.D.S. 600 S MAGNOLIA AVE STE 125 TAMPA FL 33606</b>			7. Name and Address of New Registered Agent Name <b>Sean C. Martineau</b> Street Address <b>3103 Sunset Drive</b> <b>Tampa, FL 33629</b> City <b>Tampa</b> <b>FL</b> <b>33629</b>		
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:  (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW: FEE IS \$150.00</b> <b>After May 1, 2004: Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MARTINEAU, JOSEPH A 17 DAVIS BLVD, STE 405 TAMPA FL 33606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARINEAU, SEAN C 17 DAVIS BLVD, STE 405 TAMPA FL 33606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE: <b>J. A. MARTINEAU</b>  <b>2/16/04</b> <b>813 251 5959</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					