

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F46693

1. Entity Name

CHARLES E. FLETCHER, D.D.S., P.A.



Principal Place of Business

2509 SE 17TH ST
OCALA, FL 34471

Mailing Address

2509 SE 17TH ST
OCALA, FL 34471

04 AUG -3 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07292004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-2140626

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FLETCHER, CHARLES E. D.D.S.
2509 S.E. 17TH ST.
OCALA, FL 32671

**DO NOT WRITE
IN THIS SPACE**

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.

08/17/04--01004--006 **150.00

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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	FLETCHER, SHIRLEY B
STREET ADDRESS	2720 SE 14TH STREET
CITY - ST - ZIP	OCALA, FL 00000,
TITLE	DP
NAME	FLETCHER, CHARLES E. DDS
STREET ADDRESS	2509 SE 17TH STREET
CITY - ST - ZIP	OCALA, FL 00000,
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Charles E. Fletcher, D.D.S.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/04
Date

352-732-2878
Daytime Phone #

Charles E. Fletcher, D.D.S., P.A.
2509 S.E. 17th Street
Ocala, FL 34471
(352) 732-5646

July 30, 2004

Division of Corporations

Dear Sir:

I am requesting that you waive the penalty, due to the fact that
we did not receive a letter concerning the May 1, 2004 deadline.

Sincerely,

Charles E. Fletcher, D.D.S.

Charles E. Fletcher, D.D.S.