2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F73731

Entity Name: PAUL R. DURYEA, D.D.S., P.A.

FILED Jan 05, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2595 SR 584 SUITE I PALM HARBOR, FL 34684 **Current Mailing Address: New Mailing Address:** 2595 SR 584 SUITE I PALM HARBOR, FL 34684 FEI Number: 59-2174030 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DURYEA, DAN K 36422 UŚ HIGHWAY 19 NORTH PALM HARBOR, FL 34684 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST () Delete Title: (X) Change () Addition DURYEA, PAUL R, DURYEA, PAUL R, Name: Name: 2927 PINEWOOD RUN 1608 CANOPY OAKS BLVD. Address: Address: City-St-Zip: PALM HARBOR, FL City-St-Zip: PALM HARBOR, FL 34683

Title: Title: (X) Change () Addition () Delete Name: DURYEA, PAUL R., Name: DURYEA, PAUL R.,

2927 PINEWOOD RUN 1608 CANOPY OAKS BLVD. Address: Address: PALM HARBOR, FL PALM HARBOR, FL 34683 City-St-Zip: City-St-Zip:

Title: Title: () Delete (X) Change () Addition

DURYEA, NAN DURYEA, NAN Name: Name:

2927 PINEWOOD RUN 1608 CANOPY OAKS BLVD. Address: Address: City-St-Zip: PALM HARBOR, FL 34684 City-St-Zip: PALM HARBOR, FL 34683

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: DR. PAUL R. DURYEA **PRES** 01/05/2005