


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 28, 2004 08:00 AM  
Secretary of State

**DOCUMENT # F91523**  
1. Entity Name  
ELDON L. BUNN, D.D.S., P.A.



Principal Place of Business: % BUNN, ELDON L. D.D.S. 8305 COUNTY ROAD 44 LEG-A LEESBURG FL 34788  
Mailing Address: % BUNN, ELDON L. D.D.S. 8305 COUNTY ROAD 44 LEG-A LEESBURG FL 34788

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country  
3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent  
BUNN, ELDON L. D.D.S.  
8305 COUNTY ROAD 44 EG-A  
LEESBURG FL 34788

4. FEI Number: 59-2202479  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: DP NAME: BUNN, ELDON L, DDS STREET ADDRESS: 8305 CR 44 LEG A CITY-ST-ZIP: LEESBURG FL	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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)(f), 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 empowers.

SIGNATURE: ELDON L. BUNN DDS *[Signature]* 1-22-04 352-728-4066  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #