2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004
Secretary of State

DOCUMENT# G05345

Entity Name: T.M. MCHENRY, D.D.S., P.A.

Current Principal Place of Business:

214 E EAUGALLIE BLVD
INDIAN HARBOR BEACH, FL 32937 US

New Principal Place of Business:

Current Mailing Address:

214 E EAUGALLIE BLVD
INDIAN HARBOUR BEACH, FL 32937 US

New Mailing Address:

FEI Number: 59-2227585 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOSTRO, VICTOR S
1825 S RIVERVIEW DR
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

MCHENRY, THOMAS M DDS
214 E. EAU GALLIE BLVD.
INDIAN HARBOUR BEACH, FL 32937 US

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: THOMAS M. MCHENRY 02/10/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: MCHENRY DDS, T MICHAEL
Address: 214 EAU GALLIE BLVD EAST
City-St-Zip: INDIAN HARBOUR BEACH, FL

Title: AS ( ) Delete
Name: MCHENRY, DEBORAH F.,
Address: 214 EAU GALLIE BLVD EAST
City-St-Zip: INDIAN HARBOUR BEACH, FL

Title: D ( ) Delete
Name: MCHENRY, T.M.,
Address: 214 EAU GALLIE BLVD EAST
City-St-Zip: INDIAN HARBOUR BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: MCHENRY DDS, T MICHAEL
Address: 214 EAU GALLIE BLVD EAST
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: AS (X) Change ( ) Addition
Name: MCHENRY, DEBORAH F
Address: 214 EAU GALLIE BLVD EAST
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: D (X) Change ( ) Addition
Name: MCHENRY, THOMAS M
Address: 214 EAU GALLIE BLVD EAST
City-St-Zip: INDIAN HARBOUR BEACH, FL

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: THOMAS MICHAEL MCHENRY PST 02/10/2004
Electronic Signature of Signing Officer or Director Date