## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # G60986** M. E. STEEN, D.D.S., P.A.



Principal Place of Business

% MALCOLM E. STEEN 840 W. NEW YORK AVE. DELAND, FL 32720

SIGNATURE:

Mailing Address

% MALCOLM E. STEEN 840 W. NEW YORK AVE. DELAND, FL 32720

## **FILED** Jan 26, 2004 8:00 am **Secretary of State**

01-26-2004 90002 006 \*\*\*150.00

54000449



DO NOT WRITE IN THIS SPACE

6.-Name and Address of Current Registered Agent

|--|

4. FEI Number	 Applied For
59-2329063	Not Applicable
- 0 - 15 - 10 - 1	 \$8.75 Additional

01112004

Fee Required

CR2E034 (10/03)

STEEN, MALCOLM E. 840 W NEW YORK AVE SUITE F DELAND, FL 32720

## DO NOT WRITE IN THIS SPACE

No Chg-P

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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							
	Selection of histon come or reflection about minima	mapping. Inc. nagratara.	gorint angle attorit	do- 20 mins (dudusing)	W/ 112		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	<ol> <li>Election Campaign Finan Trust Fund Contribution.</li> </ol>	cing 🖂	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STEEN, MALCOLM E 840 W. NEW YORK AVE. DELAND, FL 80000; 327,	20					
TITLE NAME STREET ADDRESS CITY-SI-ZIP					· ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
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TITLE			1	-			
NAME	Ì						
STREET ADDRESS			l				
CITY-ST-ZIP							
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 empowerents 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 at actives, with all other like empowered.							

ITED NAME OF SIGNING OFFICER OR DIRECTOR