## 2005 FOR PROFIT-CORPORATION ANNUAL REPORT

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## **Secretary of State** DOCUMENT # G60986 01-25-2005 90028 038 \*\*\*150.00 1. Entity Name M. E. STEEN, D.D.S., P.A. Principal Place of Business Mailing Address 40005372 % MALCOLM E. STEEN % MALCOLM E. STEEN \*840 W: NEW YORK AVE. 840 W. NEW YORK AVE DELAND, FL 32720 DELAND, FL 32720 2. Principal Place of Business 3. Mailing Address 54 McGregor Rd. 154 Mc Gregor Rd Suite, Apt. #, etc. Suite, Apt. #, etc. 01112005 CR2E034 (10/03) Chg-P City & State Applied For City & State 4 EEI Number Deland, FL Deland FL\_ 59-2329063 Not Applicable Country ૐ27<u>20</u> Country \$8.75 Additional 3a7a0 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEEN, MALCOLM E. Street Address (P.O. Box Number is Not Acceptable) 840 WNEW YORK AVESUITEF 154 MCGregor Rd. DELAND, FL 32720 City Zip Code FL 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 10. 11. ÐΡ TITLE TITLE ☐ Change ☐ Acce Delete STEEN, MALCOLM E 040 W. NEW YORK AVE. 154 McG regor Rd. STREET ADDRESS STREET ADDRESS DELAND, FL 32720 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete THUE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete T!TLE □ - : ... NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change (Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP □ Delete TITLE Стылон 🔲 Аделья TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 employered 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, v empowered. 736-9966

SIGNING OFFICER OF DIRECTOR

FILED Jan 25, 2005 8:00 am