

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # G79629	
1. Entity Name STEVEN BOE, DMD, & STEPHEN PAGE, DMD, P.A.	

Principal Place of Business % STEVEN A. BOE 4953 CASTELLO DRIVE NAPLES, FL 34103 US	Mailing Address % STEVEN A. BOE 4953 CASTELLO DRIVE NAPLES, FL 34103 US
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01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2374410	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BOE, STEVEN A.
4953 CASTELLO DRIVE
NAPLES, FL 34103

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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 _____ 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	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000058215 02/19/04-80011-003 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PAGE, STEPHEN B. 4953 CASTELLO DRIVE NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BOE, STEVEN A. 4953 CASTELLO DRIVE NAPLES, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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 empowered.

SIGNATURE: STEVEN BOE Steven Boe 2/3/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #