

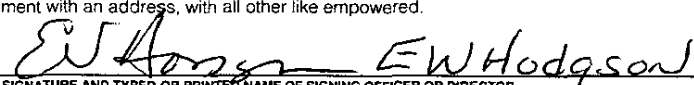


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90724 005 \*\*\*150.00

<b>DOCUMENT # H23473</b>																																																																																																																																			
<b>1. Entity Name</b> E. W. HODGSON, D.D.S., P.A.																																																																																																																																			
<b>Principal Place of Business</b> HODGSON, E.W., DDS, PA 1250 W EAUGALLIE BLVD MELBOURNE FL 32935 US			<b>Mailing Address</b> HODGSON, E.W., DDS, PA 1250 W EAUGALLIE BLVD MELBOURNE FL 32935 US																																																																																																																																
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>																																																																																																																																	
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City & State		City & State																																																																																																																																	
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-2447282 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable																																																																																																																												
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																																			
<b>6. Name and Address of Current Registered Agent</b>																																																																																																																																			
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<b>7. Name and Address of New Registered Agent</b>																																																																																																																																			
<b>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.</b>  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="padding: 5px;">11. 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<b>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.</b>																																																																																																																																			
<b>SIGNATURE:</b>  <b>EW Hodgson</b> 4-16-04 321-254-4488 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																			