

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 13, 2005 8:00 am**  
**Secretary of State**

07-13-2005 90021 036 \*\*\*150.00

**DOCUMENT # H28588**

1. Entity Name  
LOUIS W. AVRIETT, DDS, P.A.



Principal Place of Business

523 S. MAIN ST  
WINDERMERE, FL 34786 US

Mailing Address

P.O. BOX 402  
WINDERMERE, FL 34786 US

**DO NOT WRITE IN THIS SPACE**



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2485960

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SHUFFIELD, W. CHARLES  
315 EAST ROBINSON STREET  
SUITE 600  
ORLANDO, FL 32801

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE DP  
NAME AVRIETT, LOUIS W.  
STREET ADDRESS 523 SOUTH MAIN STREET  
CITY-ST-ZIP WINDERMERE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT 14018964

HARRY A. SPEER

CERTIFIED PUBLIC ACCOUNTANT

146 WEST SYBELIA AVENUE

MAITLAND, FLORIDA 32751

TELEPHONE (407) 628-2911

FAX (407) 628-7083

MEMBER

FLORIDA INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS

MEMBER

AMERICAN INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS

June 30, 2005

Division of Corporations  
Uniform Business Report Filing  
P.O. Box 6198  
Tallahassee, FL 32314

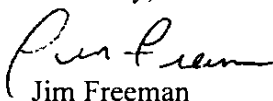
RE: Louis W. Ayriett, DDS, P.A.  
Document # H28588

To Whom It May Concern:

Enclosed is the 2004 Uniform Business Report for the above referenced taxpayer. The taxpayer never received the first Uniform Business Report and was unaware that they were required to file the report. We have explained to the taxpayer that every year they are required to file the Uniform Business Report. Enclosed is a check in the amount of \$150.

If you have any questions, please feel free to contact our office.

Sincerely,

  
Jim Freeman