

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 04, 2005 08:00 AM  
Secretary of State

DOCUMENT # H31448

1. Entity Name

THOMAS J. & EFFIE K. BLUE, D.M.D., P.A.



Principal Place of Business  
575 S. WICKHAM ROAD  
SUITE D  
MELBOURNE FL 32904

Mailing Address  
575 S. WICKHAM ROAD  
SUITE D  
MELBOURNE FL 32904



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2480634

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOSTRO, VICTOR S  
1825 S RIVERVIEW DRIVE  
MELBOURNE FL 32901

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May B  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
BLUE, THOMAS J.  
575 S. WICKHAM RD. STE.D  
MELBOURNE FL 32904 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
000000214439  
02/04/05-80012-019 150.00 ☐ Change ☐ Amend

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DST  
BLUE, EFFIE K.  
575 S. WICKHAM RD. STE.D  
MELBOURNE FL 32904 ☐ Delete

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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)(f), 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:

Effie K Blue DMD

EFFIE K. BLUE DMD

2/2/05

(321) 768-0991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #