

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H49040

1. Entity Name
MARC ALFANT, D.D.S., M.M.SC., P.A.



Principal Place of Business
729 E. STRAWBRIDGE AVE.
MELBOURNE, FL 32901 US

Mailing Address
729 E. STRAWBRIDGE AVE.
MELBOURNE, FL 32901 US

DO NOT WRITE IN THIS SPACE

**FILED
Jan 27, 2005 08:00 AM
Secretary of State**



01222005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2507835	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ALFANT, MARC
807 KIWI CT.
INDIALANTIC, FL 32903

**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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

000000199351
01/27/05-80088-010 150.00

10. OFFICERS AND DIRECTORS

TITLE DP
NAME ALFANT, MARC
STREET ADDRESS 807 KIWI CT.
CITY-ST-ZIP INDIALANTIC, FL

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
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 reports 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: *Marc Alfant*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12505 321-984-2461
Date Daytime Phone #