2004 FOR PROFIT CORPORATION
ANNUAL REPORT

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1. Entity Name
WILLIAM O. SAIN, D.D.S., P.A.

Principal Place of Business	Mailing Address
1022 HARRISON AVE PANAMA CITY, FL 32401	1022 HARRISON AVE PANAMA CITY, FL 32401

DO NOT WRITE IN THIS SPACE

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4. FEI Number	Applied For
59-2665170	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** ß ¼¼ ¬±² ¿´
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6. Name and Address of Current Registered Agent

SAIN, WILLIAM O., D.D.S.
1022 HARRISON AVE
PANAMA CITY, FL 32401

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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 _____

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, 2004 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** Ò¿§ P»
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10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	SAIN, WILLIAM O., D.D.S.
STREET ADDRESS	1022 HARRISON AVE
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *William O. Sain* William O. SAIN 29April 04 850-763-8788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #