

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90006 018 ***150.00

DOCUMENT # J43853

1. Entity Name

RICHARD CARPENTER, D.D.S., P.A.



Principal Place of Business

12036 COBBLESTONE DR

HUDSON FL 34667

Mailing Address

12036 COBBLESTONE DR.

HUDSON FL 34667

54017283



MOORE

CR2E034 (11/03)

2. Principal Place of Business

12036 COBBLESTONE DR

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

HUDSON, FL

City & State

Zip

34667

Country

USA

Country

4. FEI Number

59-2733174

Applied For

Not Applicable

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

CARPENTER, RICHARD, P.A.
~~9209 LITTLE RD~~ 12036 COBBLESTONE DR
NEW PORT RICHEY FL 34654 HUDSON, FL 34667

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

Susan J Carpenter SUSAN J CARPENTER, VICE PRESIDENT 3-8-04

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME CARPENTER, RICHARD
STREET ADDRESS ~~9209 LITTLE RD~~ 12036 COBBLESTONE DR
CITY-ST-ZIP NEW PORT RICHEY FL HUDSON, FL 34667

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CARPENTER, SUSAN
STREET ADDRESS ~~9209 LITTLE RD~~ 12036 COBBLESTONE DR
CITY-ST-ZIP NEW PORT RICHEY FL HUDSON, FL 34667

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 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:

Susan J Carpenter SUSAN J. CARPENTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-04

Date

727-862-7664

Daytime Phone #