

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J89499

FILED
Feb 01, 2005
Secretary of State

Entity Name: JOHN P. LONGMIRE, III, D.D.S., P.A.

Current Principal Place of Business:

1309 W. FLETCHER
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

1309 W. FLETCHER
TAMPA, FL 33612 US

New Mailing Address:

FEI Number: 74-2475139 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENSEN, PAUL C
5625 CENTRAL AVENUE
ST. PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LONGMIRE, JOHN P.
Address: 1309 W FLETCHER AVE
City-St-Zip: TAMPA, FL

Title: VP () Delete
Name: LONGMIRE, ALISON A
Address: 1309WEST FLETCHER AVE.
City-St-Zip: TAMPA, FL 33612

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: LONGMIRE III, JOHN P DR
Address: 1309 W FLETCHER AVE
City-St-Zip: TAMPA, FL 33612 US

Title: VP (X) Change () Addition
Name: LONGMIRE, ALISON A MRS
Address: 1309WEST FLETCHER AVE.
City-St-Zip: TAMPA, FL 33612 US

Title: SEC () Change (X) Addition
Name: LONGMIRE, MEGAN H MS
Address: 1309 FLETCHER AVE
City-St-Zip: TAMPA, FL 33612 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN P. LONGMIRE III

DR

02/01/2005

Electronic Signature of Signing Officer or Director

_____ Date