

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J96508

FILED
Mar 04, 2005
Secretary of State

Entity Name: CESAR JAMES KEATHLEY D.M.D., P.A.

Current Principal Place of Business:

% CESAR JAMES KEATHLEY
27001 US HWY 19 N #8520
CLEARWATER, FL 33761 US

New Principal Place of Business:

Current Mailing Address:

% CESAR JAMES KEATHLEY
130 CARLYLE DR
PALM HARBOR, FL 34683 US

New Mailing Address:

FEI Number: 59-2854087 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEATHLEY, CESAR JAMES
27001 US HWY 19 NORTH, SUITE #8520
CLEARWATER, FL 33761 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: P () Delete
Name: KEATHLEY, CESAR JAME, S DMD
Address: 130 CARLYLE DRIVE
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CESAR JAMES KEATHLEY DMD

DR

03/04/2005

Electronic Signature of Signing Officer or Director

_____ Date