


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 24, 2005 08:00 AM
Secretary of State


DOCUMENT # K18276

1. Entity Name
TREVOR R. WEATHERS, JR., D.D.S., P.A.



Principal Place of Business 20215 NW 2ND (441) SUITE #2 MIAMI, FL 33169 US	Mailing Address 20215 NW 2ND AVE (441) SUITE #2 MIAMI, FL 33169 US
---	---

DO NOT WRITE IN THIS SPACE



07102005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0054091	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

WEATHERS, TREVOR ROY J
20215 NW 2ND AVE. (441)
SUITE #2
MIAMI, FL 33169

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when resigning)

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

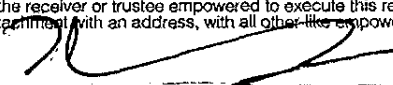
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEATHERS, TREVOR ROY, JR 20215 NW 2ND AVENUE JK #2 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000376984
08/24/05-80002-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **8/18/05 TREVOR WEATHERS (305)652-3103**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #