


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L29685</b> 1. Entity Name DOUGLAS R. DENISON, D.M.D., P.A.	
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Principal Place of Business C/O DOUGLAS R. DENISON 2430 SOUTH ATLANTIC AVE., STE. D DAYTONA BEACH SHORES, FL 32118	Mailing Address C/O DOUGLAS R. DENISON 2430 SOUTH ATLANTIC AVE., STE. D DAYTONA BEACH SHORES, FL 32118
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**DO NOT WRITE IN THIS SPACE**

03012005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2982103	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DENISON, DOUGLAS R.  
2430 SOUTH ATLANTIC  
SUITE D  
DAYTONA BEACH SHORES, FL 32118

**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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PST DENISON, DOUGLAS R. 2430 S. ATLANTIC AVE. DAYTONA BCH. SHS., FL
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04/09/05-80061-009 158.75

**DO NOT WRITE  
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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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-05 (386)255-1633  
Daytime Phone #