2005 FOR PROFIT CORPORATION

FILED 2005 08:00 AM

ANNUAL REPORT			Jan 21, 2005 08:00 A	
DOČUMENT # L75010 1. Entity Name R. BOYD GILLELAND, D.D.S., P.A.			Secretary of Sta	
Principal Place of Business 2496 CARING WAY PORT CHARLOTTE, FL 33952	Mailing Address 2496 CARING WAY PORT CHARLOTTE, FL 33952			
DO NOT WRITE	··	 	01182005 No Chg-P CR2E034 (10/03) 4. FEI Number	
6. Name and Address of Current Rec	istered Agent			
GILLELAND, R. BOYD DDS 2496 CARING WAY PORT CHARLOTTE, FL 33952	-		DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and the statement of registered agent and the statement of registered agent and the statement of sections and the statement of registered agent and the statement of registered agent.			red agent, or both, in the State of Florida. I am familiar with, and acc	
Signature, typed or printed name of registered agent and t	//e if applicable (NOTE Registered A	gent signature required w	d when reinstaling) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	Election Campaign Financia Trust Fund Contribution.	ng \$5.0 □ Added	.00 May Be led to Fees U00000189387 	
10. OFFICERS AND DIF IITLE D NAME GILLELAND, R. BOYD DDS STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE, FL 33952 ITILE NAME STREET ADDRESS	ECTORS			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP	***		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
- R A	s filing does not qualify for the exemple and accurate and that my signature and to execute this report as required all other like empowered.	otion stated in Sect e shall have the sa d by Chapter 607,	ection 119.07(3)(i). Florida Statutes, I further certify that the informatic same legal effect as if made under cath; that I am an officer or direct. Florida Statutes, and that my name appears in Block 10 or Block 10.	
SIGNATURE: SIGNATURE AND TYPED OF PRINT	TED NAME OF SIGNING OFFICER OR DIRECTOR	<u>.</u>	1/20/2005 (941) 627 - 990 Date Daytime Priore if	

R. Boyd Gilleland, DDS (President)