2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P00000015774

1. Estity Name

ALL SEASONS DENTAL CLINIC, INC.



Principal Place of Business

14570 SOUTH MILITARY TRAIL

SUITE C-2

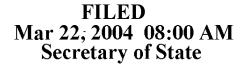
DELRAY BEACH, FL 33445

Mailing Address

14570 SOUTH MILITARY TRAIL

SUITE C-2

DELRAY BEACH, FL 33445





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02082004 No Cho-P

CR2E034 (10/03)

4. FEI Number 65-0985012

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BALDWIN, CHARLES S 5742 ASPEN RIDGE CIRCLE DELRAY BEACH, FL 33484

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 The above the obligation 	named entity submits this statement for the plants of registered agent.	ourpose of changing its registered office or	tegistered agent, or bol	h, in the State of Florida. I am familiar w	ith, and accept
SIGNATURE.	Signature, typed or printed came of registered agent and site:	of applicable. (NOTE: Registered Agent argustus	e required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	U00000093147 03/22/04-80006-017	150.00
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BALDWIN, CHARLES S 5742 ASPEN RIDGE CIRCLE DELRAY BEACH, FL 33484			•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				* <u>- </u>	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 egroowered.

mnF KAME STREET ADDRESS

Caty-53-Zip TITLE

STREET ADDRESS CTTY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP BILLE NAME STREET ACORESS CBY-ST-ZP