


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000015774 1. Entity Name ALL SEASONS DENTAL CLINIC, INC.	
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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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DO NOT WRITE IN THIS SPACE

02082004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0985012	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

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

**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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000093147 03/22/04-80006-017 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BALDWIN, CHARLES S 5742 ASPEN RIDGE CIRCLE DELRAY BEACH, FL 33484
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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)(f), 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: Charles S. Baldwin **3-18-04** 561-637-6001

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