


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90125 020 \*\*\*150.00

<b>DOCUMENT # P00000094118</b>		
1. Entity Name ELIZABETH STAVES, D.D.S., P.A.		

Principal Place of Business 111 2ND AVENUE NE SUITE 1400 ST PETERSBURG, FL 33701	Mailing Address 5900 S TAMiami TRL STE 1 SARASOTA, FL 34231
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**50034231**

2. Principal Place of Business		3. Mailing Address P.O. Box 19319	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State SARASOTA, FL	
Zip	Country	Zip 34276	Country USA



01152005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3673686		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent TRACY, CATHERINE L 5900 S TAMiami TRL STE 1 SARASOTA, FL 34231		7. Name and Address of New Registered Agent Name CATHERINE L. TRACY Street Address (P.O. Box Number is Not Acceptable) 2058 Constitution Blvd City SARASOTA FL Zip Code 34231

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: Catherine L. Tracy DATE: 1-15-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<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"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST STAVES DOS, ELIZABETH 111 2ND AVENUE NE SUITE 1400 ST PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ELIZABETH J. STAVES, DDS 111 2ND AVE. N.E., SUITE 1400 ST. PETERSBURG, FL. 33701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Elizabeth J Staves, DDS PA DATE: 2/22/05 DAYTIME PHONE: 727-898-6008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR