

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000097113

FILED
Jan 12, 2004
Secretary of State

Entity Name: RALPH E. TOOMBS, D.D.S., F.A.G.D., P.A.

Current Principal Place of Business:

1019 W DIXIE AVE
LEESBURG, FL 34748

New Principal Place of Business:

2313 N. HWY. # 27/441
FRUITLAND PARK, FL 34741

Current Mailing Address:

1019 W DIXIE AVE
LEESBURG, FL 34748

New Mailing Address:

2313 N. HWY. #27/441
FRUITLAND PARK, FL 34741

FEI Number: 59-3675497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOOMBS, RALPH E
1019 W DIXIE AVE
LEESBURG, FL 34748

Name and Address of New Registered Agent:

TOOMBS, RALPH E
2313 N. HWY. #27/441
LEESBURG, FL 34741

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

01/12/2004

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TOOMBS, RALPH E
Address: 1713 PEACHTREE BLVD
City-St-Zip: ST CLOUD, FL 34769

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: TOOMBS, RALPH E
Address: 807 NEPTUNE RD.
City-St-Zip: KISSIMMEE, FL 34744

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. RALPH TOOMBS

PRES

01/12/2004

Electronic Signature of Signing Officer or Director

Date