## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 11, 2005 08:00 AM Secretary of State

DOCUMENT # P0000098506  1. Entity Name RICHARD A. ELLIS, D.D.S., P.A.				Secretary of State	
Principal Plac 17601 FRAN ALVA, FL 33	IK ROAD	Mailing Address 17601 FRANK ROAD ALVA, FL 33920	-		
DO NOT WRITE IN THIS SPAC			CE	01062005 4. FEI Numbe NOT AF	No Chg-P CR2E034 (10/03)  or Applied For Not Applicable  of Status Desired \$8.75 Additional Fee Required
ELLIS, RICHARD A 17601 FRANK ROAD ALVA, FL 33920			DO NOT WRITE IN THIS SPACE		
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  Signature. Vivid or printed name of registered agent and site if applicable. (NOTE. Registered Agent signature required when reinstating)  DATE					
Signature, typed or printed name of registered agent and site if applicable. (NOTE. Registered Agent and site if applicable. (NOTE. Registered Agent and site if applicable. (NOTE. Registered Agent and site if applicable.)  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.			neing \$5.	.00 May Be ed to Fees	DATE
10.  YITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIF D ELLIS, RICHARD A 17601 FRANK ROAD ALVA, FL 33920	ECTORS			UQQQQQ17751Q Q1/11/05-80049-022 150.QQ
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			· · · · · · · · · · · · · · · · ·		NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADORESS CITY-ST-ZIP			-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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:  SIGNATURE:					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Date  Date  Date  Dayling Phone 2					