


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90046 041 ***150.00

DOCUMENT # P00000099702 1. Entity Name DENTAL DESIGNS OF FLORIDA, INC.																													
Principal Place of Business 5200 N. ARMENIA AVE. TAMPA, FL 33603			Mailing Address 5200 N. ARMENIA AVE. TAMPA, FL 33603																										
2. Principal Place of Business 9108 Shadow Pond Ct.			3. Mailing Address 9108 Shadow Pond Ct.																										
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 																										
City & State Odessa FL			City & State Odessa FL																										
Zip 33556		Country USA		Zip 33556																									
Country USA		4. FEI Number 59-3700700																											
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent WHITAKER, WARD C DR 9108 SHADOW POND CT. ODESSA, FL 33556			7. Name and Address of New Registered Agent Name ANGELA SMETS WHITAKER Street Address (P.O. Box Number is Not Acceptable) 9108 Shadow Pond Ct. City Odessa FL Zip Code 33556																										
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 <u><i>Angela Smets Whitaker</i></u> ANGELA SMETS WHITAKER 4/10/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
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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: *Angela Smets Whitaker* **ANGELA SMETS WHITAKER** **4/10/05** **813-852-1993**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #