## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 21, 2005 08:00 AM Secretary of State

ANNUAL REPORT					rep 21, 2005 08:00 A			
DOCUMENT # P01000029136				Secretary of State				
1. Entity Name A TOUCH OF WHITE DENTISTRY, P.A.				ļ				
A TOOCH	OF WHITE DENTISTRY, P	Α.						
Principal Place	of Business	Mailing Address	•					
1775 ARLINGTON AVE UNIT 1 1775 ARLINGTON AVE UNIT SARASOTA, FL 34239 SARASOTA, FL 34239			1					
JAN 101011, 1	L 34633 <u> </u>	3A14301A, FL 34233		4 (40)	PETRI LIBIT MENT BERN MENT			
TELLISHES								
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	AVATURITE	N. TUG 654		02142005	No Chg-P	CR2E034 (10/03)		
	O NOT WRITE	IN THIS SPA	<b>G</b> E	4. FEI Numbe		Applied For		
				65-1088		Not Applicable  \$8.75 Additional		
					of Status Desired	Fee Required		
<del></del>	6. Name and Address of Current R	egistered Agent						
MCGINNES, W LEE				no	NOT W	AITE		
1800 SECOND ST STE 971   SARASOTA, FL 34236				k fulstéleigisti i	udd rith i A-Al			
	4			IN I	HIS SP	ACE		
8. The above	named entity submits this statement for long one of registered agent.	he purpose of changing its register	ed office or register	red agent, or both	n, in the State of Flor	da. I am familiar with, and accept		
ine opligati	ons or registered agent,							
SIGNATURE_	Signature, typed or printed name of registered agent an	1 tale if applicable. (NOTE: Registere	d Agent signature required	when reinstating)	<del></del>	DATE		
FILE	NOW!!! FEE IS \$150.00	9. Election Campaign Fina		.00 May Be	·			
	y 1, 2005 Fee will be \$550.0	Trust Fund Contribution.	L] Add	led to Fees				
10.	OFFICERS AND D	IRECTORS						
IITLE NAME	P WHITE, JENNY							
STREET ADDRESS	1775 ARLINGTON STREET, SUIT	E ONE			inicia (como	HAR COLOR		
CITY-ST-ZIP	SARASOTA, FL 34239	· · · · · · · · · · · · · · · · · · ·		Jeresia de la como	LOTTO)			
DITLE NAME					urally fr	80006-018 150,00		
STREET ADDRESS	-							
CITY-ST-ZIP				kinistra ilin				
NAME								
STREET ADDRESS				nn	NOT W	DITE		
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NAME				IN.	'HIS SP	ACE		
STREET ADDRESS								
CITY-ST-ZIP	·				Main nikoro (kiele	Berrya) (Alactyce saat) i ddinhadd.		
NAME				471111				
STREET ADDRESS CITY-ST-ZIP				killi.		进程 二十十十二		
TITLE						Cipalityan yan bolo (1914). Mme peyewal walawali lilihi.		
NAME								

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 cortify 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.19.05

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