


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90302 018 ***150.00

| | |
|---|---|
| DOCUMENT # P01000059331 |  |
| 1. Entity Name TOMAMICHAEL DENTAL RESTORATION, INC. | |

| | |
|--|--|
| Principal Place of Business 3984 S THIRD ST JACKSONVILLE BEACH FL 32250 | Mailing Address 3984 S THIRD ST JACKSONVILLE BEACH FL 32250 |
|--|--|

| | |
|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |



MOORE CR2E034 (11/03)

| | |
|------------------------------------|---|
| 4. FEI Number 59-3735460 | <input type="checkbox"/> 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 HATHAWAY, RICHARD G 50 A1A NORTH - SUITE 102 PONTE VEDRA BEACH FL 32082 |
|---|

| |
|--|
| 7. Name and Address of New Registered Agent |
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City FL Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

| | |
|--|---|
| FILE NOW!!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE D <input type="checkbox"/> Delete | NAME TOMAMICHAEL, JEFFREY |
| STREET ADDRESS 3984 S THIRD ST | CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 |
| TITLE NAME <input type="checkbox"/> Delete | STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME <input type="checkbox"/> Delete | STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME <input type="checkbox"/> Delete | STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME <input type="checkbox"/> Delete | STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME <input type="checkbox"/> Delete | STREET ADDRESS CITY-ST-ZIP |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--------------------------------------|
| TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | 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)(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:  **4-28-04** **904-241-3909**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #