

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000108871

1. Entity Name  
DENTISTRY BY EDWARD MARTIN, D.D.S., P.A.



**FILED**  
04 OCT -4 PM 2:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
300 ALT 19 S  
SUITE A  
PALM HARBOR, FL 34683

Mailing Address  
300 ALT 19 S  
SUITE A  
PALM HARBOR, FL 34683



09172004 No Chg-P CR2E034 (10/03) *JK*

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3756229

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

MARTIN, RALPH E JR  
300 ALT 19 S  
SUITE A  
PALM HARBOR, FL 34683

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME MARTIN, RALPH E JR  
STREET ADDRESS 1280 RIDGEGROVE DR SOUTH  
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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000041638380  
10/06/04--01024--024 \*\*550.00

**DO NOT WRITE  
IN THIS SPACE**

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: *R. Edward Martin* R. Edward Martin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 Sep 04 (27) 785-0589  
Date Daytime Phone #