


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000005232 1. Entity Name DENTURE DEPOT, P.A.	
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Principal Place of Business 4460 CLEVELAND AVE STE A FORT MYERS, FL 33901	Mailing Address 6037 PERTSHIRE LANE FORT MYERS, FL 33908
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**DO NOT WRITE IN THIS SPACE**



03112004 No Chg-P CR2E034 (10/03)

4. FEI Number 26-0021073	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

QUICK, JAMES R  
 QUICK LAW FIRM, P.A.  
 2151 SOUTH U.S. HIGHWAY ONE  
 JUPITER, FL 33477

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

U00000091399  
 03/18/04-80007-024 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, RON DR. 6037 PERTSHIRE LANE FORT MYERS, FL 33908
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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: Bon T. Hill DMD      03-15-04      239 275 7550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #