


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90182 003 \*\*\*150.00

**DOCUMENT # P02000043392**

1. Entity Name  
**DANIEL P. BARNES PEDIATRIC DENTISTRY, INC.**



Principal Place of Business      Mailing Address  
**1126 PELICAN BAY DR**      **1126 PELICAN BAY DR**  
**DAYTONA BCH, FL 32119**      **DAYTONA BCH, FL 32119**

**50044840**



2. Principal Place of Business      3. Mailing Address  
**1440 REED CANAL RD.**      **1440 REED CANAL RD.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**\* 3**      **\* 3**

04272005      Chg-P      CR2E034 (10/03)

City & State      City & State  
**PORT ORANGE FL**      **PORT ORANGE FL**  
 Zip      Country      Zip      Country  
**32129**      **US**      **32129**      **US**

4. FEI Number      Applied For  
**04-3655516**       Not Applicable

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

8. Name and Address of Current Registered Agent  
**BARNES, DANIEL P**  
**717 BRECKENRIDGE DR**  
**PORT ORANGE, FL 32127**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARNES, DANIEL P</b> <b>717 BRECKENRIDGE DR</b> <b>PORT ORANGE, FL 32127</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:       **4-27-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #