

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 27, 2004 8:00 am
Secretary of State

08-27-2004 90003 034 ***150.00

DOCUMENT # P02000086687

1. Entity Name
JAIH C. JACKSON, DDS, P.A.



Principal Place of Business
8358 MARKET STREET
BRADENTON, FL 34202 US

Mailing Address
8358 MARKET STREET
BRADENTON, FL 34202 US

54070388



DO NOT WRITE IN THIS SPACE

08202004 No Chg-P CR2E034 (10/03)

4. FEI Number 56-2300327	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JACKSON, JAIH C
420 22ND ST N
ST PETERSBURG, FL 33713

**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 [Signature] DDS P. JACKSON

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

(NOTE: Registered Agent signature required when reinstating)

8/19/04
DATE

**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 NAME STREET ADDRESS CITY-ST-ZIP	P JACKSON, JAIH C 8358 MARKET ST BRADENTON, FL 34202
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IN THIS SPACE**

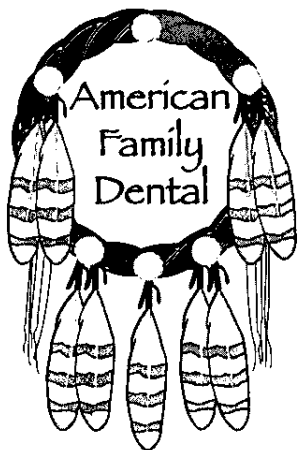
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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:

[Signature] DDS JAIH C JACKSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/04
Date

941-907-9790
Daytime Phone #



Attachment
54070388 # P02000086687
Jaih Jackson, D.D.S., P.A.

GENERAL DENTIST

Orthodontics & Family Dentistry

"Straighter, Stronger Smiles"

Lakewood Ranch Plaza

8358 Market St. • Bradenton, FL 34202 • Ph: (941) 907-9790 • Fx: (941) 907-3449
www.americanfamilydental.com

August 21, 2004

To Whom It May Concern:

This letter serves to address the annual report fee for renewal for corporations. We are requesting that the penalty fee of \$400 be waived. We are a new business and never received the first notification to renew before the May 1st date. We now understand and will make sure this is the only request of this type as May 1st is now marked on our calendar.

Thank you in advance for the consideration.

Jaih C. Jackson, D.D.S