


**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90537 010 \*\*\*150.00

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P02000131846</b> 1. Entity Name RICHARD M. LENNON, DMD, PA.			
Principal Place of Business 3953 VAN DYKE RD. LUTZ, FL 33558		Mailing Address 3953 VAN DYKE RD. LUTZ, FL 33558	
2. Principal Place of Business 116562 N. Dale Mabry Suite, Apt. #, etc.		3. Mailing Address 116562 N. Dale Mabry Suite, Apt. #, etc.	
City & State Tampa, Fla		City & State Tampa, Fla	
Zip 33618		Zip 33618	
Country Hillsborough		Country Hillsborough	
4. FEI Number -62-6388452 622388452		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LENNON, RICHARD M 3953 VAN DYKE RD. LUTZ, FL 33558		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: <u>Richard M. Lennon</u> Date: <u>4/28/2005</u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing True: Funds Contribution <input type="checkbox"/> \$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	P LENNON, DMD, RICHARD M 3953 VAN DYKE RD. LUTZ, FL 33558	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. Richard M. Lennon DMD, PA. 116562 N. Dale Mabry Tampa, FL 33618
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
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 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 tax filings.			
SIGNATURE: <u>Richard M. Lennon</u>		Date: <u>4/28/2005</u>	

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04272005 Cng-P CR2E034 (10/03)