

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90751 024 ***150.00

DOCUMENT # P03000085414	
1. Entity Name SURFSIDE DENTS, INCORPORATED	



Principal Place of Business 1999 ISLAND CLUB DR. APT. 27 INDIALANTIC, FL 32903	Mailing Address 1999 ISLAND CLUB DR. APT. 27 INDIALANTIC, FL 32903
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2. Principal Place of Business 2200 Palm Blvd. Suite, Apt. #, etc.	3. Mailing Address 2200 Palm Blvd. Suite, Apt. #, etc.
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04232004 Chg-P CR2E034 (10/03)

City & State Melbourne, Florida	City & State Melbourne, Florida
Zip 32901	Zip 32901
Country Brevard	Country Brevard

4. FEI Number 91-2199705	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 HERMAN, KATHRYN E 1999 ISLAND CLUB DR. APT. 27 INDIALANTIC, FL 32903	
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7. Name and Address of New Registered Agent Name Herman, Kathryn E Street Address (P.O. Box Number is Not Acceptable) 2200 Palm Blvd. City Melbourne FL Zip Code 32901	
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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 Kathryn E. Herman President, R.A. 4/29/04
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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERMAN, KATHRYN E 1999 ISLAND CLUB DR., APT. 27 INDIALANTIC, FL 32903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Herman, Kathryn E 2200 Palm Blvd. Melbourne, FL 32901 <input checked="" 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
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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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

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: Kathryn E. Herman 4/29/04 321-480-1959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #