

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # **627609**

1. Entity Name

Dr. Roger R. Stewart, DMD, PA



**FILED  
Mar 07, 2005 8:00 am  
Secretary of State**

03-07-2005 90265 002 \*\*\*150.00

**40027349**



02012005 Chg-P CR2E034 (10/03)

Principal Place of Business		Mailing Address	
2421 Maple Ave.		same	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Sanford, FL 32771</b>		City & State	
Zip <b>32771</b>	Country <b>USA</b>	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City <b>FL</b> 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
<p>TITLE <b>President</b> <input type="checkbox"/> Delete NAME <b>Roger R. Stewart, DMD</b> STREET ADDRESS <b>2421 Maple Ave</b> CITY-ST-ZIP <b>Sanford, FL 32771</b></p>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
		<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP</p>
		<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP</p>
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		<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP</p>

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: *Roger R. Stewart, DMD, PA, President*

SIGNATURE AND/TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-05 (407)323-5540  
Date Daytime Phone #