

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000072740

**FILED**  
**Apr 25, 2005**  
**Secretary of State**

**Entity Name:** RONALD J TREVISANI DMD PA /APOPKA

**Current Principal Place of Business:**

20 S. PARK AVENUE  
SUITE A  
APOPKA, FL 32703 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 95  
APOPKA, FL 327040095 US

**New Mailing Address:**

20 S. PARK AVENUE  
SUITE A  
APOPKA, FL 32703 US

**FEI Number:** 55-0867065

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBERT C COHEN, P.A.  
301 S. MILWEE STREET  
LONGWOOD, FL 32750 US

**Name and Address of New Registered Agent:**

TREVISANI, RONALD J  
2421 RIVERTREE CIRCLE  
SANFORD, FL 32771 US

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.

SIGNATURE: RONALD J TREVISANI

04/25/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TREVISANI, RONALD J  
Address: 2421 RIVERTREE CIRCLE  
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD J TREVISANI

MGMR

04/25/2005

Electronic Signature of Signing Officer or Director

Date