


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State

04-25-2005 90290 046 ***150.00

DOCUMENT # P04000101835			
1. Entity Name KENNETH LISZEWSKI DMD II, P.A.			
Principal Place of Business 1880 ARLINGTON ST STE 205 SARASOTA, FL 34239		Mailing Address 1880 ARLINGTON ST STE 205 SARASOTA, FL 34239 16528 N Dale Mabry Hwy Tampa, FL 33618	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number		Applied For	
03-0545834		Not Applicable	
5. Certificate of Status Desired		6. Name and Address of Current Registered Agent	
<input type="checkbox"/> \$8.75 Additional Fee Required		SANDERS, WALTER 3305 BEARSS AVE - 16528 N. Dale Mabry Hwy TAMPA, FL 33618	
7. Name and Address of New Registered Agent		Name	
SANDERS, WALTER		Sanders Walter	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
16528 N. Dale Mabry Hwy.		16528 N. Dale Mabry Hwy.	
City		City	
Tampa		Tampa	
FL		FL	
Zip Code		Zip Code	
33618		33618	
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>Walter Sanders</u>		SIGNATURE: <u>Walter Sanders</u>	
Signature, typed or printed name of registered agent and state if applicable.		(NOTE: Registered Agent signature required when registering)	
DATE: <u>2/20/05</u>		DATE: <u>2/20/05</u>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	
NAME	LISZEWSKI, KENNETH	NAME	
STREET ADDRESS	7442 N TAMiami TRAIL	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34243	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <u>Kenneth Liszewski</u>		SIGNATURE: <u>Kenneth Liszewski</u>	
Signature and typed or printed name of signing officer or director		Signature and typed or printed name of signing officer or director	
Date: <u>4/20/05</u>		Date: <u>4/20/05</u>	

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