2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-25-2005 90290 046 ***150.00

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02152005 Chg-P CR2E034 (10/03)

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
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
16528 N. Dale Mabry Hwy.
Suite, Apt. #, etc.
City & State
Tampa, Fl
Zip 33618
Country US

4. FEI Number 03-0545834
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SANDERS, WALTER
~~3305 BEARSS AVE~~ 16528 N. Dale Mabry Hwy
TAMPA, FL 33618

7. Name and Address of New Registered Agent
Name Sanders, Walter
Street Address (P.O. Box Number is Not Acceptable)
16528 N. Dale Mabry Hwy.
City Tampa FL Zip Code 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 Walter Sanders Walter Sanders 2/20/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	LISZEWSKI, KENNETH	
STREET ADDRESS	7442 N TAMIAMI TRAIL	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: Kenneth Liszewski Kenneth Liszewski 4/20/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #