

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90032 049 ***150.00

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1. Entity Name

JAIME DAVENPORT, DMMD, P.A.



Principal Place of Business

800L MEADOWLAND DR
NAPLES FL 34108

Mailing Address

800L MEADOWLAND DR
NAPLES FL 34108

2. Principal Place of Business

15353 WIMBORNE LN

Suite, Apt. #, etc.

NAPLES, FL 34110

City & State

3. Mailing Address

15353 WIMBORNE LN

Suite, Apt. #, etc.

NAPLES, FL 34110

City & State



1st MOORE

CR2E034 (10/04)

4. FEI Number

26-0089712

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVENPORT, JAIME
800L MEADOWLAND DR
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name

DAVENPORT, JAIME

Street Address (P.O. Box Number is Not Acceptable)

15353 WIMBORNE LN

City

NAPLES, FL

FL

Zip Code

34110

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

JAIME DAVENPORT

(NOTE: Registered Agent signature required when reinstating)

2/7/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPST ☐ Delete
NAME DAVENPORT, JAIME
STREET ADDRESS 800L MEADOWLAND DR
CITY-ST-ZIP NAPLES FL 34108

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 DPST ☒ Change ☐ Addition
NAME DAVENPORT, JAIME
STREET ADDRESS 15353 WIMBORNE LN
CITY-ST-ZIP NAPLES, FL 34110

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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAIME DAVENPORT

2/7/05

Date

239-293-4714

Daytime Phone #