


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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


03-07-2005 90257 016 ***150.00

DOCUMENT # P04000121576	
1. Entity Name MANUEL CALCAGNO, D.D.S., P.A.	

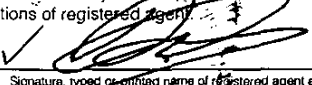
Principal Place of Business 3001 S.W. 24TH AVENUE APARTMENT J501 OCALA, FL 34474	Mailing Address 3001 S.W. 24TH AVENUE APARTMENT J501 OCALA, FL 34474
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2. Principal Place of Business 307 NE 36th Ave Suite, Apt. #, etc.	3. Mailing Address P.O. Box 620773 Suite, Apt. #, etc.
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City & State Ocala FL	City & State Orlando FL
Zip 34470	Zip 32862-0773
Country USA	Country USA

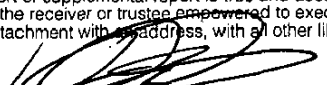
	
02232005	Chg-P CR2E034 (10/03)
4. FEI Number 73-1717695	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JIMENEZ-DIAZ, P.A. 9753 S. ORANGE BLOSSOM TRAIL SUITE 101 ORLANDO, FL 32837	
7. Name and Address of New Registered Agent Name: Manuel Calcagno Street Address (P.O. Box Number is Not Acceptable): 307 NE 36th Ave City: Ocala FL Zip Code: 34470	

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 	DATE 02/26/05
(NOTE: Registered Agent signature required when reinstating)	

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: 	DATE 02/26/05 (352-207-2049)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	