

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90022 050 ***150.00

DOCUMENT # P93000050125

1. Entity Name
JOSEPH R. BOULTER DMD PA



Principal Place of Business
 8823 GOODBY'S EXECUTIVE DR
 JACKSONVILLE, FL 32217-4661

Mailing Address
 8823 GOODBY'S EXECUTIVE DR
 JACKSONVILLE, FL 32217-4661

54061451



07062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-1651730	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

BOULTER, JOSEPH R
 10172 BISHOP LAKE RD. WEST
 JACKSONVILLE, FL 32256

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOULTER, JOSEPH R 10172 BISHOP LAKE RD. WEST JACKSONVILLE, FL 32256
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DO NOT WRITE IN THIS SPACE

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

7-6-04 **904-731-0432**
Date Daytime Phone #

Attachment

24061457

Joseph R. Boulter D.M.D., M.A.G.D., PA
8823 Goodby's Executive Drive
Jacksonville, Florida 32217
Tel: 904-731-0432
Fax: 904-731-5755

To: Division Of Corporations
P.O. Bo 6198
Tallahassee, FL 32314

Re: Filing Annual Corporation Report
Document # P93000050125

Date: 07/06/2004

Dear Sir/Madam,

I just received a Notice of Intent To Dissolve. On 7-6-04 I call the Division Of Corporations office to inquire about the notice. I have never been late filing for my Corporation and to the best of my knowledge, I do not recall ever receiving a notice prior to this one, for the current year.

The gentleman I spoke with instructed my to write a letter stating this, ask that the late fee be waived, and write a check for \$150.00.

Thus, enclosed is a check for \$150.00 and I ask that you waive the late fee.

Thank you for you time and consideration concerning this matter. If you have any questions, please feel free to call.

Sincerely,

Joseph R. Boulter