## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 19, 2005 08:00 AM Secretary of State DOCUMENT # P93000052679 1. Entity Name JOSEPH M. CHASKO, D.M.D., P.A. Principal Place of Business Mailing Address 1509 NORTH STATE ROAD 7 1509 NORTH STATE ROAD 7 MARGATE, FL 33063 MARGATE, FL 33063 · 一种企业的人 法解释的证 公相由 化推定 機能和衛機 法指示 经营业 The same of the sa No Chg-P CR2E034 (10/03) 04122005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0423946 Not Applicable the angel of the second of the \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CHASKO, JOSEPH M 1509 NORTH STATE ROAD 7 IN THIS SPACE MARGATE, FL 33063 and the state of t all officers and an and the street of 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 000000315274 04/19/05-80025-020 150.00 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS Charles ten sulle militaria propries TITLE A STATE OF THE PROPERTY OF THE 19 八夜·阿尔姆·博林识别 The course of the late of the NAME CHASKO, JOSEPH M JR. 1509 N. STATE ROAD 7 STREET ADDRESS CITY-ST-ZIP MARGATE, FL 33063 TITLE To the self the willer is with NAME Compared to the substitute of the second STREET ADDRESS From the control of t CITY-ST-ZIP TITLE \* State of the sales NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE NAME STREET ADDRESS AND STREET THE CONTRACT THE STREET ST CITY-ST-ZIP The state of the s TITLE and the property of the same o NAME an amountaine trade to the fine of the second of the secon STREET ADDRESS त्रिका स्थापन क्षेत्रका विश्वक क्षेत्रका स्थापन CITY-ST-ZIP TITLE 四年 化多种 医麻醉的 原語 NAME ""加州",对于各种"油棒大类"。 STREET ADDRESS CITY-ST-ZIP 不可以明明的時 新河河南南南海山 明河 50 12. I hereby certify that the information supplied with this filling 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.

SIGNING OFFICER OR DIRECTOR

**FILED** 

Daytime Phone #