


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90110 022 ***150.00

DOCUMENT # P93000087746	
1. Entity Name EMERALD COAST DENTAL ARTS, INC.	

Principal Place of Business 14 LIVE OAK STREET SUITE E GULF BREEZE FL 32561 US	Mailing Address 14 LIVE OAK STREET SUITE E GULF BREEZE FL 32561 US
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2. Principal Place of Business 14 Live Oak St. Ste E	3. Mailing Address Same
Suite, Apt. #, etc. Gulf Breeze Fla.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-3216226	Applied For <input type="checkbox"/> Not Applicable
Zip 32561	Country Santa Rosa	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BAILEY, SUELLEN 14 LIVE OAK STREET SUITE E GULF BREEZE FL 32561		7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 (NOTE: Registered Agent signature required when reinstating) 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. <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	PTD BAILEY, SUELLEN 203 OVIEDO ST. GULF BREEZE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Suellen B. Bailey **4-28-05** **850-934-1342**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #