


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000016635	
1. Entity Name LOURDES T. SEEHOFFER, D.M.D., P.A.	

Principal Place of Business 1236 E LIME STREET LAKELAND, FL 33801	Mailing Address 1236 E LIME STREET LAKELAND, FL 33801
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DO NOT WRITE IN THIS SPACE



06282005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3304369	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 SEEHOFER, LOURDES T 1236 E LIME STREET LAKELAND, FL 33801	DO NOT WRITE IN THIS SPACE
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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: LOURDES T. SEEHOFFER, D.M.D., P.A. - President 06/29/05
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 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT SEEHOFER, LOURDES T 1236 E LIME STREET LAKELAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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07/06/05-80006-001 155.00

**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)(f), 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: LOURDES T. SEEHOFFER, D.M.D., P.A. - President - 06/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 863-687-7726