

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90003 017 \*\*\*150.00

**DOCUMENT # P95000040487**

1. Entity Name

DENTAL PLANS SALES & SERVICES, INC.



Principal Place of Business

349 W SILVERTHORN LN  
SAINT AUGUSTINE FL 32095  
US

Mailing Address

349 W SILVERTHORN LN  
SAINT AUGUSTINE FL 32095  
US

24036984



MOORE

CR2E034 (11/03)

2. Principal Place of Business

424 Forest Glen Ave

3. Mailing Address

424 Forest Glen Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip  
33813

Country  
USA

Zip  
33813

Country  
USA

4. FEI Number

59-3366503

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BUCKLEY, PATRICIA L  
436 S LAKEWOOD RUN DR  
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name Buckley, Patricia L

Street Address (P.O. Box Number is Not Acceptable)

424 Forest Glen Avenue

City Lakeland

FL

Zip Code  
33813

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

Patricia L. Buckley, President

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME BUCKLEY, PATRICIA L  
STREET ADDRESS 349 W SILVERTHORN LN  
CITY-ST-ZIP SAINT AUGUSTINE FL 32095

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 424 Forest Glen Avenue  
CITY-ST-ZIP Lakeland, FL 33813

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Patricia L. Buckley, Patricia L. Buckley, Pres

Date

Daytime Phone #

4/6/04

1-863  
255-8808