


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000075689
 1. Entity Name
 SCOTT DELBOCCIO, DMD, P.A.



Principal Place of Business 5100 TAMiami TRAIL NORTH SUITE 202 NALES, FL 34103 US	Mailing Address 5100 TAMiami TRAIL NORTH SUITE 202 NALES, FL 34103 US
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DO NOT WRITE IN THIS SPACE



03242004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0610941	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
 FILIPPO, PAUL SAN
 1100 FIFTH AVENUE SOUTH
 SUITE 405
 NAPLES, FL 34102

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B. 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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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	D DELBOCCIO, SCOTT 1920 6TH ST S NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DELBOCCIO, LINDA 1920 6TH ST S NAPLES, FL 34102
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 03/26/04-80022-011 150.00

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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:  3-24-04 239-262-7708
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #