

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90176 049 ***150.00

DOCUMENT # P96000031868

1. Entity Name
C. EDGAR DAVILA, DDS, MS, P.A.



Principal Place of Business
XXXXXX N HARBOR AVE #5XX
TAMPA, FL 33614 US
XXXXXXXXXXXXXXXXXXXX

Mailing Address
XXXXXX W BAY ST
SUITE 5
TAMPA, FL 33606 US
XXXXXXXXXXXX

(see below)

(see below)

50044544



2. Principal Place of Business

3. Mailing Address

2727 West Martin Luther
Suite, Apt. #, etc. King Jr. Blvd.
#250

2727 West Martin Luther
Suite, Apt. #, etc. King Jr. Blvd.
#250

04182005 Chg-P CR2E034 (10/03)

City & State
Tampa, FL
Zip
33607

Country

USA

City & State
Tampa, FL
Zip
33607

Country

USA

4. FEI Number
59-3373376

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLD, AARON J
704 W BAY ST
TAMPA, FL 33606

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☐ Delete
NAME DAVILA, C. EDGAR
STREET ADDRESS 8403 PINE THRUST WAY
CITY-ST-ZIP TAMPA, FL 33647

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #