2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000028275

1. Entity Name
ANTHONY T. DEAN, D.D.S., P.A.

Principal Place of Business	Mailing Address
945 LANE AVE SOUTH	945 LANE AVE SOUTH
JACKSONVILLE, FL 32205-4706	JACKSONVILLE, FL 32205-4706

DO NOT WRITE IN THIS SPACE

02272005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3435623	Not Applicable

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

6. Name and Address of Current Registered Agent

DEAN, ANTHONY T
945 LANE AVE SOUTH
JACKSONVILLE, FL 32205-4706

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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

9. Election Campaign Financing
Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DEAN, ANTHONY T
STREET ADDRESS	945 LANE AVE SOUTH
CITY-ST-ZIP	JACKSONVILLE, FL 322054706

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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04/11/05-80008-004 150.00

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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: _____ Anthony T. Dean, DDS   4/4/05   904-781-4011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #