


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90005 031 ***150.00

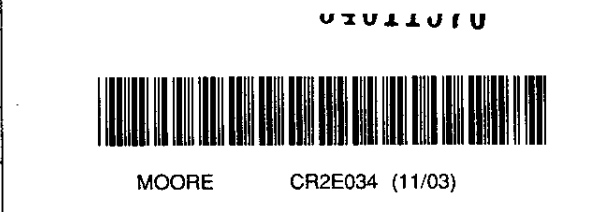
DOCUMENT # P97000051590
 1. Entity Name
STEPHEN C. POTTER, D.D.S., P.A.



Principal Place of Business Mailing Address
1561 EAST STATE ROAD #200 YULEE FL 32097 US **P O BOX 970 YULEE FL 32097 US**

2. Principal Place of Business 3. Mailing Address
A63203 STATE ROAD 200 **PO BOX 970**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
YULEE, FL **YULEE, FL**
 Zip Country Zip Country
32097 **U.S.** **32041** **U.S.**



6. Name and Address of Current Registered Agent
POTTER, STEPHEN C
1561 EAST STATE RD 200 #200
YULEE FL 32097

4. FEI Number Applied For
59-3454053 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
463203 STATE ROAD 200
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTSD <input type="checkbox"/> Delete	TITLE	PTSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTTER, STEPHEN C	NAME	POTTER, STEPHEN C.
STREET ADDRESS	4645 GLYWOODS COURT	STREET ADDRESS	4366 NASSAU RIVER RD.
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  **STEPHEN C. POTTER** 2/23/04 904 225-0607
Signature and typed or printed name of signing officer or director Date Daytime Phone #