

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000052365

1. Entity Name
**SUELLEN RODEFFER & DAVID TOD GARNER, D.D.S.,
P.A.**



Principal Place of Business
**2363 DUNN AVENUE
JACKSONVILLE, FL 32218**

Mailing Address
**2363 DUNN AVENUE
JACKSONVILLE, FL 32218**

DO NOT WRITE IN THIS SPACE



03152004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3454856

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**POOLE, WESLEY R
303 CENTRE STREET
SUITE 200
FERNANDINA BEACH, FL 32034**

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

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

**U00000094798
03/24/04-80007-009 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARNER, DAVID T 5205 LEEWARD COVE DR. FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARNER, SUELLEN R 5205 LEEWARD COVE DR. FERNANDINA BEACH, FL 32034
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-22-04

904-752-6030