## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # P97000095300**

1. Entity Name

JEFFREY MONTELIONE, DDS, PA



Principal Place of Business

Mailing Address

4536 W. VILLAGE DRIVE **TAMPA, FL 33624** 

3355 BEARSS AVE TAMPA FL 33618

## **FILED** Apr 30, 2004 8:00 am Secretary of State

04-30-2004 90381 047 \*\*\*150.00

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03032004 No Chg-P CR2E034 (10/03)

Applied For 4. FEI Number 59-3475779 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

SANDERS, WALTER 3355 BEARSS AVE **TAMPA, FL 33618** 

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.												
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SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
	E NOWIII FEE IS \$150.00	9. Election Campaign Finan	cing	\$5.00 May Be								
After Ma	ay 1, 2004 Fee will be \$550.00	Trust Fund Contribution.		Added to Fees	**							
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12. I hereby certify that the information supplied with this filling 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 eath; 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.												