2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P97000105084



FILED Apr 02, 2004 08:00 AM Secretary of State

84-213-3679

Daytime Phone #

Principal Place of Business

NANCY C. AFT, D.D.S., P.A.

Mailing Address

1008 S. CLEARVIEW AVE. TAMPA, FL 33629

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DO NOT WRITE IN THIS SPACE

03162004 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For

59-3475267 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

SIGNATURE AND TYPED OR P

JANSEN, SHARI ESQ. 1037 N. WASHINGTON BLVD. SARASOTA, FL 34236

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					
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaig Trust Fund Contrit	· · · · · · · · · · · · · · · · · · ·	\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NANCY, AFT C 1008 S. CLEARVIEW AVE. TAMPA, FL 33629	CTORS			000000101750 94/02/04-80026-009 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
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TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE 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 of the receiver or trustife empowers beaution 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.					

TED NAME OF SIGNING OFFICER OF DIRECTOR