

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000025205

FILED
Apr 27, 2004
Secretary of State

Entity Name: DIAMOND CROWN DENTAL CONSULTANTS, INC.

Current Principal Place of Business:

1736 CEDERSTONE CT.
LAKE MARY, FL 32746

New Principal Place of Business:

1736 CEDAR STONE CT.
LAKE MARY, FL 32746

Current Mailing Address:

1736 CEDERSTONE CT.
LAKE MARY, FL 32746

New Mailing Address:

1736 CEDAR STONE CT.
LAKE MARY, FL 32746

FEI Number: 59-3502283

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERSON, BRUCE A
1736 CEDERSTONE CT.
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

SANDERSON, BRUCE A
1736 CEDAR STONE CT.
LAKE MARY, FL 32746 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

04/27/2004

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SANDERSON, BRUCE A
Address: 1736 CEDERSTONE CT
City-St-Zip: LAKE MARY, FL 32746

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SANDERSON, BRUCE A
Address: 1736 CEDAR STONE CT
City-St-Zip: LAKE MARY, FL 32746

Title: V.P. () Change (X) Addition
Name: SANDERSON, KATHY A
Address: 1736 CEDAR STONE CT
City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE A. SANDERSON

PD

04/27/2004

Electronic Signature of Signing Officer or Director

Date