

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000029018

1. Entity Name
MARK A. STEELE, D.D.S., P.A.



Principal Place of Business
607 W DIXIE AVE
LEESBURG, FL 34748

Mailing Address
607 W DIXIE AVE
LEESBURG, FL 34748

| | | | | | |
|---|---------|---------------------|---------|--|----------|
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| STEELE, MARK A 607 W DIXIE AVE LEESBURG, FL 34748 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | 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 _____
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, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | D <input type="checkbox"/> Delete | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

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: *Mark A. Steele* Mark A. Steele

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-05

Date

Daytime Phone #

**FILED
Mar 11, 2005 8:00 am
Secretary of State**

03-11-2005 90315 009 ***150.00

50024942



03072005 Chg-P CR2E034 (10/03)

| | |
|-----------------------------|----------------|
| 4. FEI Number 59-3504769 | Applied For |
| | Not Applicable |

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