


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000056045
1. Entity Name
TIMOTHY T. BOROS, D.D.S., P.A.



Principal Place of Business Mailing Address
410 N. DILLARD STREET 410 N. DILLARD STREET
WINTER GARDEN, FL 34787 WINTER GARDEN, FL 34787

DO NOT WRITE IN THIS SPACE



03152005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3519203 Not Applicable

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

6. Name and Address of Current Registered Agent

BOROS, TIMOTHY T
410 N. DILLARD STREET
WINTER GARDEN, FL 34787

**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: N/A DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when testating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

1170000364894
05/09/05-80018-015 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOROS, TIMOTHY T D.D.S. 410 N. DILLARD STREET WINTER GARDEN, FL 34787
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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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Timothy T. Boros Date: _____ (407) 876- _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #