

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90049 028 \*\*\*150.00

DOCUMENT # P99000012295	
1. Entity Name ERIC J. GRIMES, D.D.S., P.A.	



Principal Place of Business 1031 U.S. 41 BYPASS S. VENICE, FL 34284	Mailing Address P.O. BOX 4234 SARASOTA, FL 34276-2797 US
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40016343



2. Principal Place of Business P.O. Box 2916 Suite, Apt. #, etc.	3. Mailing Address P.O. Box 19797 Suite, Apt. #, etc.
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01052005 Chg-P CR2E034 (10/03)

City & State BOONE, NC	City & State SARASOTA, FL
Zip 28607	Zip 34276
Country US	Country US

4. FEI Number 65-0902142	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent QUICKER, MICHAEL J 7061 S TAMiami TRAIL SUITE 106 SARASOTA, FL 34231 AA	
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7. Name and Address of New Registered Agent	
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: *Michael J. Quicker* DATE: *24-JAN-2005*  
(NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIMES, ERIC J D.D.S. 1031 U.S. 41 BYPASS S. VENICE, FL 34292 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	289 BREAKNESS DR. P.O. BOX 2916 BOONE, NC 28607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Eric J. Grimes* 1/16/05 828-264-2762  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #