



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000032939</b>	
1. Entity Name <b>ANTHONY J. DENAVARRA, D.M.D., P.A.</b>	

Principal Place of Business <b>419 PASADENA AVE. SOUTH ST. PETERSBURG, FL 33707</b>	Mailing Address <b>419 PASADENA AVE. SOUTH ST. PETERSBURG, FL 33707</b>
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**DO NOT WRITE IN THIS SPACE**

	
04132004	No Chg-P CR2E034 (10/03)
4. FEI Number <b>59-3567845</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fees Required</b>

6. Name and Address of Current Registered Agent  <b>DENAVARRA, ANTHONY J 419 PASADENA AVE. SOUTH ST. PETERSBURG, FL 33707</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DENAVARRA, ANTHONY J 419 PASADENA AVE. SOUTH ST. PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DENAVARRA, MARY L 419 PASADENA AVE. SOUTH ST. PETERSBURG, FL 33707
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**DO NOT WRITE  
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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: 	4/14/04	(727) 347-4392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #