


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000032939 1. Entity Name ANTHONY J. DENAVARRA, D.M.D., P.A.	
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Principal Place of Business 419 PASADENA AVE. SOUTH ST. PETERSBURG FL 33707	Mailing Address 419 PASADENA AVE. SOUTH ST. PETERSBURG FL 33707
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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4. FEI Number 59-3567845	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DENAVARRA, ANTHONY J 419 PASADENA AVE. SOUTH ST. PETERSBURG FL 33707	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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	P DENAVARRA, ANTHONY J 419 PASADENA AVE. SOUTH ST. PETERSBURG FL 33707	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000288648 04/05/05-80018-012 150.00
NAME	DENAVARRA, ANTHONY J	NAME	
STREET ADDRESS	419 PASADENA AVE. SOUTH	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	CITY-ST-ZIP	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	CITY-ST-ZIP	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	CITY-ST-ZIP	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	CITY-ST-ZIP	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	CITY-ST-ZIP	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	CITY-ST-ZIP	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	CITY-ST-ZIP	

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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X *Anthony J. Denavarras* 010 4/1/05 (727) 347-4392

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #