


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90267 013 ***150.00

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1. Entity Name
ANDREW J. MARTINEAU DMD, P.A.



Principal Place of Business
5147 SIESTA WOODS DRIVE
SARASOTA, FL 34242

Mailing Address
16528 N. Dale Mabry Hwy.
~~3355 BEARSS AVE~~
TAMPA, FL 33618

20041138



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
16528 N. Dale Mabry Hwy
 Suite, Apt. #, etc.

01222005 Chg-P CR2E034 (10/03)

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33618

Country
US

4. FEI Number
65-0915187

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SANDERS, WALTER
3355 BEARSS AVENUE
TAMPA, FL 33618

16528 N. Dale Mabry Hwy

7. Name and Address of New Registered Agent

Name
Sanders, Walter

Street Address (P.O. Box Number is Not Acceptable)
16528 N. Dale Mabry Hwy

City
Tampa

State
FL

Zip Code
33618

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: Walter Sanders Walter Sanders 2/20/05

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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	MARTINEAU, ANDREW J	5147 SIESTA WOODS DRIVE	SARASOTA, FL 34242	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Walter Sanders Walter Sanders 3/23/05

Andrew Martineau Andrew Martineau 3/23/05

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