2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005
Secretary of State

DOCUMENT# P99000052973

Entity Name: L.D. COLEMAN, D.D.S., P.A.

Current Principal Place of Business:

697 DOUGLAS AVENUE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

2710 MERRIE OAKS RD.
WINTER PARK, FL 32792

Current Mailing Address:

697 DOUGLAS AVENUE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

2710 MERRIE OAKS RD
WINTER PARK, FL 32792

FEI Number: 59-3582902 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLEMAN, L.D. DDS
697 DOUGLAS AVE
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

COLEMAN, L. D DDS
2710 MERRIE OAKS RD
WINTER PARK, FL 32792 US

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.

SIGNATURE: L. D. COLEMAN, DDS 03/17/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COLEMAN, L.D.
Address: 697 DOUGLAS AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S ( ) Delete
Name: COLEMAN, ELAINE
Address: 2710 MERRIE OAKS RD
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: COLEMAN, L. D
Address: 2710 MERRIE OAKS RD
City-St-Zip: WINTER PARK, FL 32792

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: L. D. COLEMAN, DDS PRES 03/17/2005
Electronic Signature of Signing Officer or Director Date