


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90066 031 ***150.00

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| DOCUMENT # P99000069151 | | | |  | |
| 1. Entity Name MARGARET L. ROMEO, DMD, P.A. | | | | | |
| Principal Place of Business 1161-A SOUTH 6TH STREET MACCLENNY, FL 32063 | | | Mailing Address 1161-A SOUTH 6TH STREET MACCLENNY, FL 32063 | | |
| 2. Principal Place of Business 546 South Fifth Street | | 3. Mailing Address 546 South Fifth Street | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Macclenny, FL | | City & State Macclenny, FL | | 4. FEI Number 59-3592170 | |
| Zip 32063 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ROMEO, MARGARET L 1161-A SOUTH 6TH STREET MACCLENNY, FL 32063 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 546 South Fifth Street City Macclenny FL Zip Code 32063 | | | |
| 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 <i>Margaret Romeo</i> owner 1-27-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| 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 | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROMEO, MARGARET L 1161-A SOUTH 6TH STREET MACCLENNY, FL 32063 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Margaret L. Romeo 546 South Fifth Street Macclenny, FL 32063 | |
| <input type="checkbox"/> Delete | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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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: <i>Margaret Romeo</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 1-27-05 904-259-5007 <small>Date Daytime Phone #</small> | | |