2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 28, 2005 08:00 AM Secretary of State

CR2E034 (10/03)

	ANNUAL	REPORT	
DOCUMENT #	P99000109	904	
1. Entity Name			l

Principal Place of Business

RODNEY F. HOLCOMBE, D.D.S., P.A.

15303 AMBERLY DRIVE SUITE D TAMPA, FL 33647 Mailing Address

15303 AMBERLY DRIVE SUITE D

TAMPA FL 33647



DO	NOT	WRITE	IN THIS	SPACE
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4. FEI Number Applied For 59-3617011 Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

O'MALLEY, ANDREW M 712 SOUTH OREGON AVE. TAMPA, FL 33606

SIGNATURE:

DO NOT WRITE IN THIS SPACE

No Chg-P

02212005

ine obligal	lous of redistrated adeur					
SIGNATURE.	Signature: hyprolor political name of registered agent and title	Tapplicable (#207E	Registered Agent signa	fully required whon rehistating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaic Trust Fund Contri	·	\$5.00 May Be Added to Fees	1/000000245886 02/28/05-80043-016 150.00	
10.	OFFICERS AND DIREC	CTORS			<u> </u>	
THEF NAME STREET ADDRESS CITY-ST-24P	D HOLCOMBE, RODNEY F 15303 AMBERLY DRIVE SUITE D TAMPA, FL 33647					
INTLE NAME STREET ADDRESS CHY-SI-IP						
NAME SIRFET ADDRESS GHY-ST-7/P				DO NOT WRITE IN THIS SPACE		
THEE NAME STREET ADDRESS CIT (-ST-ZIP						
NAME : 18ECT ADDRESS CUTY-ST ZIP						
UTTE NAME STREET ADDRESS CITY-ST-21P					one in the second of the secon	
indicated of the co	certify that the information supplied with this f on this report or supplemental report is true poration or the receiver or trustee empowere , or on an attachment with an address, with a	and accurate and that m d to execute this report a	the exemption stay signature shall as required by Ch	ated in Section 119.07(3 have the same legal effe apter 607, Florida Statu)(i), Florida Statutes 1 further certify that the information act as if made under outh, that I am an officer or director tes, and that my name appears in Block 10 or Block 11 if	

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