

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V57283

**FILED**  
**Apr 30, 2004**  
**Secretary of State**

**Entity Name:** LEO J. DURRETT, DDS, P.A.

**Current Principal Place of Business:**

8501 4TH STREET NORTH  
ST. PETERSBURG, FL 33702 US

**New Principal Place of Business:**

4672 CLEVELAND HGTS. BLVD  
LAKELAND, FL 33813 US

**Current Mailing Address:**

8600 15TH LANE N  
ST. PETERSBURG, FL 33702 US

**New Mailing Address:**

FEI Number: 59-3137506      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DURRETT, LEO J.  
8600 15TH LANE NORTH  
SAINT PETERSBURG, FL 33702 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DURRETT, LEO J.,  
Address: 7499 9TH ST N  
City-St-Zip: ST. PETERSBURG, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: DURRETT, LEO J.,  
Address: 8600 15TH LANE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33702 US

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: LEO J. DURRETT, JR.

D

04/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date