


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90095 001 ***150.00

DOCUMENT # 643584					
1. Entity Name ROBERT A. TROPP, P.A.					
Principal Place of Business 400 NORTH ASHLEY PLAZA SUITE 3000 TAMPA, FL 33602			Mailing Address 400 NORTH ASHLEY PLAZA SUITE 3000 TAMPA, FL 33602		
2. Principal Place of Business 1881 W. Kennedy Blvd.		3. Mailing Address 1881 W. Kennedy Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
-City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 59-1944221	
Zip 33606-1643		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TROPP, ROBERT A 400 NORTH ASHLEY PLAZA SUITE 3000 TAMPA, FL 33602			Name Robert A. Tropp		
			Street Address (P.O. Box Number is Not Acceptable)		
			1881 W. Kennedy Blvd.		
			City Tampa		FL
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		ROBERT A. TROPP		3/6/06	
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, 2006 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	PD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TROPP, ROBERT A	NAME	Tropp, Robert A.		
STREET ADDRESS	400 NORTH ASHLEY PLAZA	STREET ADDRESS	1881 W. Kennedy Blvd.		
CITY-ST-ZIP	TAMPA, FL 33602	CITY-ST-ZIP	Tampa, FL 33606-1643		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:		ROBERT A. TROPP		3/6/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	