


**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # P94000055096**

1. Filing Person  
 CRAIG B. SCHROEDER D.D.S., P.A.



14010106

Principal Place of Business      Mailing Address  
 1045 E. ATLANTIC AVE.      1045 E. ATLANTIC AVE.  
 SUITE 304      SUITE 304  
 DELRAY BEACH, FL 33483      DELRAY BEACH, FL 33483



2. Principal Place of Business      3. Mailing Address  
 State, Apt. #, etc.      State, Apt. #, etc.

04262004      Chg-P      CR2E034 (10/03)

City & State      City & State

4. FEI Number      Applied For  
 65-0525752      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SCHROEDER, CRAIG B  
 1045 E. ATLANTIC AVE #304  
 DELRAY BEACH, FL 33483

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      FL      Zip Code

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.

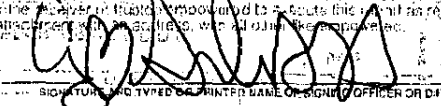
9. SIGNATURE      (Print name of filer in block 10)      (Print name of filer in block 10)      LAST

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

10. Election Campaign Financing Trust Fund Contribution            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS (DELETE UNDESIRABLE)		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (N/A)	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	SCHROEDER, CRAIG B.D.D.S. 1045 E. ATLANTIC AVE #304 DELRAY BEACH, FL 33483	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input 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)(c), 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 of this report; and that my name appears in Block 10 or Block 11 of this report.

SIGNATURE:       4/20/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR