2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 643584

1. Entity Name
ROBERT A. TROPP, P.A.

Principal Place of Business	Mailing Address
400 NORTH ASHLEY PLAZA SUITE 3000 TAMPA, FL 33602	400 NORTH ASHLEY PLAZA SUITE 3000 TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

01052005   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-1944221	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TROPP, ROBERT A
400 NORTH ASHLEY PLAZA
SUITE 3000
TAMPA, FL 33602

DO NOT WRITE
IN THIS SPACE

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 _____

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, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	TROPP, ROBERT A
STREET ADDRESS	400 NORTH ASHLEY PLAZA
CITY·ST·ZIP	TAMPA, FL 33602

TITLE	
NAME	
STREET ADDRESS	
CITY·ST·ZIP	

00000001 75236
01/10/05-80042-014 150.00

TITLE	
NAME	
STREET ADDRESS	
CITY·ST·ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY·ST·ZIP	

DO NOT WRITE
IN THIS SPACE

TITLE	
NAME	
STREET ADDRESS	
CITY·ST·ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY·ST·ZIP	

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: _____ ROBERT A. TROPP _____ 1/7/05 (813) 225-1818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #