# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2006**
**Secretary of State**

DOCUMENT# H73545

**Entity Name:** ROBERT M. CHRIST, D.M.D., P.A.

**Current Principal Place of Business:**

3033A RIDGELINE BLVD.
TARPON SPRINGS, FL 34688 US

**New Principal Place of Business:**

**Current Mailing Address:**

3033-A RIDGELINE BLVD.
TARPON SPRINGS, FL 34689 US

**New Mailing Address:**

3033-A RIDGELINE BLVD.
TARPON SPRINGS, FL 34688 US

**FEI Number: 59-2589911** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

FREE, E. LEBRON, P.A.
3005 SR 590 STE 206
CLEARWATER, FL 33759 US

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

CHRIST, ROBERT M
3033-A RIDGELINE BLVD.
TARPON SPRINGS, FL 34688 US

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: ROBERT M. CHRIST 04/27/2006
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: CHRIST, ROBERT M.,
Address: 3004 KEY HARBOR DR.
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VDST ( ) Delete
Name: CHRIST, ANN L,
Address: 3004 KEY HARBOR DR.
City-St-Zip: SAFETY HARBOR, FL 34695

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

Title: PD (X) Change ( ) Addition
Name: CHRIST, ROBERT M.,
Address: 8736 LOVAS TRAIL
City-St-Zip: TRINITY, FL 34655

Title: VDST (X) Change ( ) Addition
Name: CHRIST, ANN L,
Address: 8736 LOVAS TRAIL
City-St-Zip: TRINITY, FL 34655

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ROBERT M. CHRIST PD 04/27/2006
Electronic Signature of Signing Officer or Director Date