


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000053357**


1. Entity Name  
 ENRIQUE ROMEU, D.M.D., P.A.



Principal Place of Business  
 10415 OLD ST AUGUSTINE RD  
 JACKSONVILLE, FL 32257

Mailing Address  
 10415 OLD ST AUGUSTINE RD  
 JACKSONVILLE, FL 32257

**DO NOT WRITE IN THIS SPACE**



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3644709	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ROMEU, ENRIQUE  
 12300 MANDARIN RD  
 JACKSONVILLE, FL 32223

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

000000064813  
 02/25/04-80010-022 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROMEU, ENRIQUE 12300 MANDARIN RD JACKSONVILLE, FL 32223
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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)(f), 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:  **2-23-04** **904-262-9464**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #