


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90098 009 \*\*\*150.00

DOCUMENT # P00000087898 1. Entity Name DENNIS E. DABROSKI, P.A.	
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Principal Place of Business 2639 NINTH STREET, NORTH ST. PETERSBURG, FL 33704	Mailing Address 2639 NINTH STREET, NORTH ST. PETERSBURG, FL 33704
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**DO NOT WRITE IN THIS SPACE**



04262005 No Chg-P CR2E034 (10/03)


4. FEI Number 59-3671987	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

DABROSKI, DENNIS E  
2639 NINTH STREET, NORTH  
ST. PETERSBURG, FL 33704

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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 reappointing)

**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 NAME STREET ADDRESS CITY-ST-ZIP	D DABROSKI, DENNIS E 2639 NINTH STREET, NORTH ST. PETERSBURG, FL 33704
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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)(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:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR