


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90021 030 \*\*\*150.00

<b>DOCUMENT # P01000102943</b>			
1. Entity Name <b>ROBERT C. DOWIE, P.A.</b>			
Principal Place of Business <b>5857 TIDEWOOD AVE SARASOTA FL 34231</b>		Mailing Address <b>5857 TIDEWOOD AVE SARASOTA FL 34231</b>	
2. Principal Place of Business <b>5857 TIDEWOOD AVE.</b>		3. Mailing Address <b>5857 TIDEWOOD AVE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>SARASOTA FL.</b>		City & State <b>SARASOTA FL.</b>	
Zip <b>34231</b>	Country <b>U.S.A.</b>	Zip <b>34231</b>	Country <b>U.S.A.</b>
6. Name and Address of Current Registered Agent <b>DOWIE, ROBERT C 5857 TIDEWOOD AVE SARASOTA FL 34231</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.			
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DOWIE, ROBERT C 5857 TIDEWOOD AVE SARASOTA FL 34231</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(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 C. Dowie P.A. - ROBERT C. DOWIE P.A. 3/24/05 94-924-4457**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #