



2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-07-2004 90022 025 ***150.00

DOCUMENT # P03000141793 1. Entity Name ROBERT J. THROPP, D.D.S., P.A.					
Principal Place of Business 301 N SUMMIT ST CRESCENT CITY FL 32112			Mailing Address 301 N SUMMIT ST CRESCENT CITY FL 32112		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 MOORE CR2E034 (11/03)	
City & State		City & State			
Zip Country		Zip Country			
4. FEI Number 20-0583863		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				FL Zip Code	
6. Name and Address of Current Registered Agent THROPP, ROBERT J 301 N SUMMIT ST CRESCENT CITY FL 32112					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	PD THROPP, ROBERT J 301 N SUMMIT ST CRESCENT CITY FL 32112 <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	ST THROPP, RUTH A 301 N SUMMIT ST CRESCENT CITY FL 32112 <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	
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	
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: <i>Robert J. Thropp</i> Robert J. Thropp, DDS				Date <i>4/26/04</i> Daytime Phone # <i>386-698-1138</i>	