

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000029604

FILED
Feb 13, 2008
Secretary of State

Entity Name: ROBERT R. DINGMAN, P.A.

Current Principal Place of Business:

P. O. BOX 361192
MELBOURNE, FL 32936 US

New Principal Place of Business:

6851 WEISER STREET, #J109
ORLANDO, FL 32821 US

Current Mailing Address:

717 EAST OAK STREET
KISSIMMEE, FL 34744 US

New Mailing Address:

FEI Number: 59-3704937 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DINGMAN, ROBERT R
394 ROYAL PALM DRIVE
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

DINGMAN, ROBERT R
6851 WEISER STREET, #J109
ORLANDO, FL 32821 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: _____

Electronic Signature of Registered Agent

02/13/2008

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: DINGMAN, ROBERT R
Address: P. O. BOX 361192
City-St-Zip: MELBOURNE, FL 32936 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: DINGMAN, ROBERT R
Address: 6851 WEISER STREET, #J109
City-St-Zip: ORLANDO, FL 32821 US

I hereby certify that the information supplied with this filing does not qualify 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 DINGMAN

Electronic Signature of Signing Officer or Director

PRES

02/13/2008

Date