2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000005749

1. Entity Name
CLAUDIA A. HOHN, D.D.S., P.A.

Principal Place of Business	Mailing Address
109 W BEARSS AVE TAMPA, FL 33613	109 W BEARSS AVE TAMPA, FL 33613

DO NOT WRITE IN THIS SPACE

07072004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3290470	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOHN, CLAUDIA A D.D.S.
109 W BEARSS AVE
TAMPA, FL 33613

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

FILE NOW!!! FEE IS $150.00 **Due by September 8, 2004**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	HOHN, CLAUDIA A
STREET ADDRESS	109 W BEARSS AVE
CITY-ST-ZIP	TAMPA, FL 33613

U000001B5152
07/12/04-80001-018 150.00

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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: _Claudia G Hohn_   7-8-04   813632.3118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #