


**FILED**  
**Jul 20, 2006 08:00 AM**  
**Secretary of State**

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P95000005749</b> 1. Entity Name CLAUDIA A. HOHN, D.D.S., P.A.	
---	---

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



07062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3290470	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  HOHN, CLAUDIA A D.D.S. 109 W BEARSS AVE TAMPA, FL 33613	<b>DO NOT WRITE IN THIS SPACE</b>
--	---------------------------------------

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

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

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.

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOHN, CLAUDIA A 109 W BEARSS AVE TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000571316  
07/20/06-80001-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 A. Hohn Claudia A. Hohn 7-17-06 813 632 3118  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #