


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000044899	
1. Entity Name WALTER F. HAMPE, JR., D.M.D., P.A.	

Principal Place of Business 804 WEST BLOOMINGDALE AVENUE STE 5 BRANDON, FL 33511	Mailing Address 804 WEST BLOOMINGDALE AVENUE STE 5 BRANDON, FL 33511
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FERRANO, HIGGINBOTHUM & HAYES
217 LITHIA PINECREST RD.
BRANDON, FL 33511

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMPE, WALTER F JR DMD 112 THRASHER RD. PLANT CITY, FL 33511
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07/07/04-80034-005 150.00

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: <u>Walter F. Hampe Jr. DMD PA</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>6/30/04</u> <small>Date</small>	Daytime Phone #: <u>(813) 684-5961</u> <small>Daytime Phone #</small>
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