## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P97000077259

1. Entity Name

ROBERT A. SAMARTIN, P.A.



Principal Place of Business

304 S WESTLAND AVE TAMPA, FL 33606 US Mailing Address

304 S WESTLAND AVE TAMPA, FL 33606 US

## **FILED** Apr 29, 2004 08:00 AM Secretary of State



04212004

Rosser W. Siarrason

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3465846

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

of the corporation or the receiver or trustee empowered changed, or on an attachment with an address with all

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

DO NOT WRITE IN THIS SPACE

SAMARTIN, ROBERT A 304 S WESTLAND AVE

## DO NOT WRITE

TAMPA, FL 33606			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 it applicable. (NOTE Registered Agent signature required when reinstating)  DATE					
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finar     Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAMARTIN, ROBERT A 304 S WESTLAND AVE TAMPA, FL 33606	vontato o protessionero			000000138907 04/29/04-80035-016 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 his report of Equired by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if					