2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000107167

1. Entity Name

ROBERT A. DITTMAN, P.A.



Principal Place of Business

151 NW FIRST AVENUE DELRAY BEACH, FL 33444 Mailing Address

151 NW FIRST AVENUE DELRAY BEACH, FL 33444

FILED Feb 26, 2007 8:00 am Secretary of State

02-26-2007 90070 044 ***150.00

40024401



02202007

No Chg-P

CR2E034 (11/05)

FEI Number
 65-0802244

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

DITTMAN, ROBERT A 151 NW FIRST AVENUE DELRAY BEACH, FL 33444

DO NOT WRITE IN THIS SPACE

l					IS SPACE	
	named entity submits this statement for the plants of registered agent.	ourpose of changing its register	l ed office or r	egistered agent, or both, in th	ne State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registere	d Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			ncing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DITTMAN, ROBERT A 151 NW FIRST AVENUE DELRAY BEACH, FL 33444					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHONE, LARRY T 151 NW FIRST AVE DELRAY BEACH, FL 33444		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS C4TY-ST-ZIP						
TITLE NAME STREET ADDRESS						

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 appears, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date

Daytime Phone #