

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90003 017 ***150.00

DOCUMENT # V04880

1. Entity Name
TERRANCE H. DITTMER, P.A.



Principal Place of Business

~~230 LOOKOUT PLACE~~
~~MAITLAND, FL 32751~~
1615 EDGEWATER DR. #150
ORLANDO, FL 32804

Mailing Address

~~P.O. BOX 941690~~ P.O. Box 540057
~~MAITLAND, FL 32794~~ US
ORLANDO, FL 32854-0057

54021284



03152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3098730

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DITTMER, TERRANCE H.
~~230 LOOKOUT PLACE~~
~~MAITLAND, FL 32751~~

**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
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME DITTMER, TERRANCE H.
STREET ADDRESS ~~230 LOOKOUT PLACE~~ 1615 EDGEWATER DR #150
CITY-ST-ZIP ~~MAITLAND, FL~~ ORLANDO, FL 32804

TITLE DST
NAME WILKINS, ROBERT G. JR.
STREET ADDRESS ~~230 LOOKOUT PLACE~~
CITY-ST-ZIP ~~MAITLAND, FL~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Terrance H. Dittmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-04

Date

(407) 843-0348

Daytime Phone #