

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # 746078

1. Entity Name
**THE PROFESSIONALS' BUILDING OF KEY BISCAIYNE,
INC.**



Principal Place of Business
**50 W. MASHTA DR., SUITE 4
KEY BISCAIYNE, FL 33149**

Mailing Address
**50 W. MASHTA DR., SUITE 4
KEY BISCAIYNE, FL 33149**



01032008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2126150

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROBERTS, NORMAN T., ESQ.
50 W. MASHTA DR., SUITE 4
KEY BISCAIYNE, FL 33149**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000775244
01/08/08-80022-001 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**SD
ROBERTS, NORMAN T.
1121 CRANDON BLVD., #E408
KEY BISCAIYNE, FL**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**PD
LANCASTER, KENNETH
155 OCEAN LN. DR. #304
KEY BISCAIYNE, FL**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**T
LANCASTER, ROMY Z.
155 OCEAN LN. DR. #304
KEY BISCAIYNE, FL**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**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 617, 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:

R. Z. Lancaster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/08 (305) 361-1014
Date Daytime Phone #