

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11669

FILED
Jan 19, 2005
Secretary of State

Entity Name: NORMAN T. ROBERTS, P.A.

Current Principal Place of Business:

% NORMAN T ROBERTS
50 W MASHTA DRIVE, STE 4
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

% NORMAN T ROBERTS
50 W MASHTA DRIVE, STE 4
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 59-2047667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, NORMAN T
50 W MASHTA DRIVE, SUITE 4
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ROBERTS, NORMAN T,
Address: 1121 CRANDON BLVD, E 408
City-St-Zip: KEY BISCAYNE, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ROBERTS, NORMAN T,
Address: 1121 CRANDON BLVD, E 408
City-St-Zip: KEY BISCAYNE, FL 33149 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN T. ROBERTS

DP

01/19/2005

Electronic Signature of Signing Officer or Director

_____ Date