

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # J00326

1. Entity Name
ROBERTS & REITER, P.A.



Principal Place of Business
**% JAMES G. ROBERTS
233 E BAY ST STE 725
JACKSONVILLE, FL 32202**

Mailing Address
**% JAMES G. ROBERTS
233 E BAY ST STE 725
JACKSONVILLE, FL 32202**



02012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2630055	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ROBERTS, JAMES G.
233 E BAY ST.
725 BLACKSTONE BLDG.
JACKSONVILLE, FL 32202**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROBERTS, JAMES G.
STREET ADDRESS	233 E BAY ST #725
CITY - ST - ZIP	JACKSONVILLE, FL 32202

TITLE	VP
NAME	REITER, DEE D
STREET ADDRESS	233 E BAY ST., #725
CITY - ST - ZIP	JACKSONVILLE, FL 32202

TITLE	
NAME	
STREET ADDRESS	
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02/24/06 80039-010 150.00

**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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dee D. Reiter 2/9/06 (904) 353-7305
Date Daytime Phone #