


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90011 024 ***158.75

DOCUMENT # P07000068491		
1. Entity Name HANDY RANDY T. ROBERTS, INC.		
Principal Place of Business 807 W. BRADDOCK ST. TAMPA FL 33603	Mailing Address 807 W. BRADDOCK ST. TAMPA FL 33603	



1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box # <i>8012 Greenshire Drive</i>	3. Mailing Address <i>8012 Greenshire Drive</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Tampa FL</i>	City & State <i>Tampa FL</i>	4. FEI Number <i>36-4610670</i>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33634</i>	Country <i>U.S.A</i>	Zip <i>33634</i>	Country <i>U.S.A</i>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CANNAVAN, JACQUELINE E
4340 SHERIDAN ST., 2ND FLOOR
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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 _____ DATE _____

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST ROBERTS, RANDY T 807 W. BRADDOCK ST. TAMPA FL 33603 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Randy T. Roberts* **5-1-08** **813 451-4777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Case Dayside Phone #