

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000027129

FILED
Mar 26, 2007
Secretary of State

Entity Name: VICTORIA L. ROBERTS, P.F.P, P.A.

Current Principal Place of Business:

992 TAMIAMI TRAIL
H2
PORT CHARLOTTE, FL 33953

New Principal Place of Business:

14892 TAMIAMI TRAIL
NORTH PORT, FL 34287

Current Mailing Address:

333 OAK FORD RD.
SARASOTA, FL 34240

New Mailing Address:

FEI Number: 41-2082364 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, VICTORIA L
333 OAK FORD RD.
SARASOTA, FL 34240 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: PRES () Delete
Name: ROBERTS, VICTORIA L
Address: 333 OAKFORD ROAD
City-St-Zip: SARASOTA, FL 34240

Title: SEC () Delete
Name: NEURER, KEVIN J
Address: 333 OAKFORD ROAD
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: NEURER, KEVIN J
Address: 333 OAKFORD ROAD
City-St-Zip: SARASOTA, FL 34240

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: VICTORIA L ROBERTS

PRES

03/26/2007

Electronic Signature of Signing Officer or Director

_____ Date