

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000027129

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

**FILED**  
**Mar 30, 2015**  
**Secretary of State**  
**CC7413064093**

**Current Principal Place of Business:**

8205 NATURES WAY  
SUITE 205  
LAKEWOOD RANCH, FL 34202

**Current Mailing Address:**

8205 NATURES WAY  
SUITE 205  
LAKEWOOD RANCH, FL 34202

**FEI Number:** 41-2082364

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NEURER, KEVIN J  
8205 NATURES WAY  
SUITE 205  
LAKEWOOD RANCH, FL 34202 US

*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

**Officer/Director Detail :**

Title            PRES, DIRECTOR  
Name            ROBERTS, VICTORIA L  
Address        333 OAKFORD ROAD  
City-State-Zip: SARASOTA FL 34240

Title            VPTS, DIRECTOR  
Name            NEURER, KEVIN J  
Address        333 OAKFORD ROAD  
City-State-Zip: SARASOTA FL 34240

*I hereby 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 all other like empowered.*

**SIGNATURE:** KEVIN NEURER

**VICE PRESIDENT**

**03/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date