## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## FILED Feb 05, 2007 08:00 AM **DOCUMENT # 580767 Secretary of State** 1. Entity Name ROBERT W. GROTH, P.A. Principal Place of Business Mailing Address 5425 PARK CENTRAL COURT NAPLES FL 34109 5425 PARK CENTRAL COURT NAPLES FL 34109 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, atc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 59-2141640 Not Applicable Zip Country Zıp Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo GROTH ROBERT W 5425 PARK CENTRAL COURT Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34109 Zip Code City 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TATLE ☐ Delete IIILE Change GROTH, ROBERT W NAME NAME 5425 PARK CENTRAL COURT 000000622082 STREET ADDRESS. STREET ADDRESS 02/13/07-80011-020 150.00 CITY-ST-7IP NAPLES FL 34109 CHY+ST-ZIP HILE Change ☐ Delete HILE Addition NAME NAME STHEET ADDRESS STREET ADDRESS CITY - ST - ZIP CJTY - ST - ZIP ☐ Defete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY+SI-7IP THE ☐ Delete TITLE ☐ Change ☐ Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME\* STREET ADDRESS STREET ADDRESS

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 shalf have the same legal offect as if made under eath; that I am an officer or director of the corporation or the receiver or trusper ompowered 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE

CITY ST-7IP

STREET ADDRESS.

CITY-ST-7IP

TITLE

NAME

☐ Defete

☐ Change

Addition