

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90046 021 \*\*\*150.00

**DOCUMENT # 596732**

1. Entity Name  
**CAMPBELL & ROBERTS INSURANCE, INC.**



Principal Place of Business  
3201 N. FEDERAL HWY.  
SUITE 200  
FORT LAUDERDALE, FL 33306

Mailing Address  
3201 N. FEDERAL HWY.  
SUITE 200  
FORT LAUDERDALE, FL 33306

40039736



01302008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1873792

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

ROBERTS, ROBERT, V  
3201 N. FEDERAL HWY., STE. 200  
FORT LAUDERDALE, FL 33306

**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, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	ST
NAME	ROBERTS, ROBERT V.
STREET ADDRESS	3201 N FEDERAL HWY #200
CITY - ST - ZIP	FORT LAUDERDALE, FL 33306
TITLE	P
NAME	CAMPBELL, ARTHUR
STREET ADDRESS	3201 N FEDERAL HWY #200
CITY - ST - ZIP	FORT LAUDERDALE, FL 33306
TITLE	V
NAME	ROBERTS, ROBERT V., JR.
STREET ADDRESS	3201 N FEDERAL HWY #200
CITY - ST - ZIP	FORT LAUDERDALE, FL 33306
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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:**

*Robert V Roberts*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/08

Date

954-561-2220

Daytime Phone #