

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 600667**

1. Entity Name

ROLAND FOX, P.A.



Principal Place of Business

28050 US HWY 19 NORTH  
100  
CLEARWATER FL 33761  
US

Mailing Address

28050 US HWY 19 NORTH  
100  
CLEARWATER FL 33761  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

59-1225542

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOX, GREGORY A  
28050 U.S. HWY 19 NORTH  
SUITE 100  
CLEARWATER FL 33761

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

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent's signature required when reinstating.)

DATE

**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  
DS  
FOX, ROLAND  
28050 U.S. 19 NORTH, STE 100  
CLAERWATER FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
UD00000909178  
05/06/08-80061-003 150.00

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PTD  
FOX, GREGORY A.  
28050 U.S. HWY 19 NORTH, STE 100  
CLEARWATER FL

☐ Delete

TITLE  
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☐ Change ☐ Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone/Fax #

4/17/08 (727) 796-4556