

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2007 8:00 am
Secretary of State

07-26-2007 90032 023 ***150.00

DOCUMENT # F05000001512

1. Entity Name
W.P. ROBERTS MANAGEMENT CORPORATION



Principal Place of Business
**6411 RIVER BLVD.
TAMPA, FL 33604**

Mailing Address
**6411 RIVER BLVD.
TAMPA, FL 33604**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07162007

Chg-P

CR2E034 (12/06)

4. FEI Number
20-2171400

Applied For
Not Applicable

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

**WILLIAM P. ROBERTS
6411 N RIVER BLVD.
TAMPA, FL 33604**

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**RA
ROBERTS, W.P.
6411 RIVER BLVD.
TAMPA, FL 33604** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY ST ZIP ☐ Delete

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CITY ST ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

TITLE
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CITY ST ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

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:

William P. Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 19 2007
Date

Date

Daytime Phone #

(813) 842-3173

(813) 231 6672

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



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Document Number **F05000001512**

Business Entity Name **W.P. ROBERTS MANAGEMENT CORPORATION**

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number 202171400

FEI Number Status Listed Above Applied For Not Applicable

Certificate of Status Desired Yes No \$8.75 each

Election Campaign Financing Trust Fund Contribution Yes No

Principal Place of Business

Address 6411 RIVER BLVD.

Suite, Apt. #, etc.

City, State TAMPA , FL

Zip Code & Country 33604

Mailing Address

Address 6411 RIVER BLVD.

Suite, Apt. #, etc.

City, State TAMPA , FL

Zip Code & Country 33604

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

- OR -

Business to serve as RA WILLIAM P. ROBERTS

Address 6411 N RIVER BLVD.

Suite, Apt. #, etc.

City, State TAMPA, FL
Zip Code & Country 33604 US

40127266
#FD5000001512

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

William P. Roberts

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name And Address

Name And Address #1

Title RA
Name (Last, First, Middle, Title) ROBERTS, W.P.
- OR -

Entity Name to serve as Officer/Director

Street Address 6411 RIVER BLVD.
City, State TAMPA, FL
Zip Code & Country 33604

Name And Address #2

Title
Name (Last, First, Middle, Title)
- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Name And Address #3

Title
Name (Last, First, Middle, Title)
- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

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Name And Address #4

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Name And Address #5

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Name And Address #6

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

Trustee
William P. Roberts

ATTACHMENT

40127266

FD500000 1512

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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