


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 05, 2008 8:00 am
Secretary of State**

01-16-2008 90046 018 ***150.00

DOCUMENT # H49820 1. Entity Name ROBERT J. FELICE, P.A.	
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Principal Place of Business 821 DOUGLAS AVE. STE. #185 ALTAMONTE SPRINGS, FL 32714	Mailing Address 821 DOUGLAS AVE. STE. #185 ALTAMONTE SPRINGS, FL 32714
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66002425



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2513748	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FELICE, ROBERT J. 821 DOUGLAS AVE., #185 ALTAMONTE SPRINGS, FL 32714
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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 <i>Robert J. Felice</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE 1/7/08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FELICE, ROBERT J. 821 DOUGLAS AVE., #185 ALTAMONTE SPRINGS, FL 32714
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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: <i>Robert J. Felice</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	ROBERT J. FELICE 2/27/08 (407) 862-7770 <small>Date Daytime Phone #</small>