


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # K79623 1. Entity Name ROBERT P. FRITTS, P.A.	
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Principal Place of Business ROBERT P. FRITTS 5700 LAKE WORTH RD SUITE 105 LAKE WORTH, FL 33463	Mailing Address ROBERT P. FRITTS 5700 LAKE WORTH RD SUITE 105 LAKE WORTH, FL 33463
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DO NOT WRITE IN THIS SPACE



04042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2819521	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRITTS, ROBERT P.
5700 LAKE WORTH RD SUITE 105
LAKE WORTH, FL 33463

**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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000886824 04/18/08-80075-002 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRITTS, ROBERT P. 701 PELICAN LANE LANTANA, FL
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**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 that address, with all other like empowered.

SIGNATURE:  **4-8-08 561-964-9665**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____