

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L16081

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: ROBERT CHARLES AGENCY, INC.

## Current Principal Place of Business:

5414 TOWN-N-COUNTRY BLVD  
TAMPA, FL 33615

## New Principal Place of Business:

4101 CAUSEWAY VISTA DR.  
TAMPA, FL 33615

## Current Mailing Address:

5414 TOWN-N-COUNTRY BLVD  
TAMPA, FL 33615

## New Mailing Address:

4101 CAUSEWAY VISTA DR.  
TAMPA, FL 33615

FEI Number: 59-2967767

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KNIGHT, CHARLES R  
5414 TOWN-N-COUNTRY BLVD  
TAMPA, FL 33615 US

## Name and Address of New Registered Agent:

KNIGHT, LEANN P  
4101 CAUSEWAY VISTA DR  
TAMPA, FL 33615 US

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.

SIGNATURE: LEANN P KNIGHT

03/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: KNIGHT, CHARLES,  
Address: 5414 TOWN-N-COUNTRY BLVD  
City-St-Zip: TAMPA, FL

Title: DV ( ) Delete  
Name: KNIGHT, LEANN,  
Address: 5414 TOWN-N-COUNTRY BLVD  
City-St-Zip: TAMPA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: KNIGHT, LEANN P,  
Address: 4101 CAUSEWAY VISTA DR  
City-St-Zip: TAMPA, FL 33615

Title: DV (X) Change ( ) Addition  
Name: KNIGHT, CHARLES R,  
Address: 4101 CAUSEWAY VISTA DR  
City-St-Zip: TAMPA, FL 33615

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEANN P KNIGHT

DP

03/23/2009

Electronic Signature of Signing Officer or Director

Date