2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L40732

1. Entity Name CARL G. ROBERTS, P.A.



Principal Place of Business

6570 30TH AVE NO ST. PETERSBURG, FL 33710 Mailing Address

6570 30TH AVE NO ST. PETERSBURG, FL 33710

FILED Jan 06, 2005 8:00 am Secretary of State

01-06-2005 90004 001 ***422.50

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No Cha-P

CR2E034 (10/03)

4. FEI Number 59-2983527

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

ROBERTS, CARL G 6570 30TH AVE NO ST. PETERSBURG, FL 33710

SIGNATURE.

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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, typed or printed name of registered agent and title II applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. **PSTD** TITLE CARL, ROBERTS G NAME 6570 30TH AVE N STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG, FL 33710 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

MATURE AND TYPED OF PRINTED FRANCE OF BIGNING OFFICER OR DIRECTOR

1-3-05 Deta 727-381-960Z