

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000027129

FILED  
Apr 26, 2009  
Secretary of State

Entity Name: VICTORIA L. ROBERTS, C.F.P., P.A.

## Current Principal Place of Business:

8205 NATURES WAY, UNIT 205  
LAKEWOOD RANCH, FL 34202

## New Principal Place of Business:

8205 NATURES WAY  
SUITE 205  
LAKEWOOD RANCH, FL 34202

## Current Mailing Address:

8205 NATURES WAY, UNIT 205  
LAKEWOOD RANCH, FL 34202

## New Mailing Address:

8205 NATURES WAY  
SUITE 205  
LAKEWOOD RANCH, FL 34202

FEI Number: 41-2082364

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBERTS, VICTORIA L  
333 OAK FORD RD.  
SARASOTA, FL 34240 US

## Name and Address of New Registered Agent:

NEURER, KEVIN J  
8205 NATURES WAY  
SUITE 205  
LAKEWOOD RANCH, FL 34202 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: KEVIN J. NEURER

04/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: ROBERTS, VICTORIA L  
Address: 333 OAKFORD ROAD  
City-St-Zip: SARASOTA, FL 34240

Title: VP ( ) Delete  
Name: NEURER, KEVIN J  
Address: 333 OAKFORD ROAD  
City-St-Zip: SARASOTA, FL 34240

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPT (X) Change ( ) Addition  
Name: NEURER, KEVIN J  
Address: 333 OAKFORD ROAD  
City-St-Zip: SARASOTA, FL 34240

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: KEVIN J NEURER

VP

04/26/2009

Electronic Signature of Signing Officer or Director

Date