

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000027129

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

8205 NATURES WAY  
SUITE 205  
LAKEWOOD RANCH, FL 34202

**New Principal Place of Business:**

**Current Mailing Address:**

8205 NATURES WAY  
SUITE 205  
LAKEWOOD RANCH, FL 34202

**New Mailing Address:**

**FEI Number:** 41-2082364      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

Title: VPT  
Name: NEURER, KEVIN J  
Address: 333 OAKFORD ROAD  
City-St-Zip: SARASOTA, FL 34240

I hereby 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 all other like empowered.

SIGNATURE: KEVIN NEURER

VP

04/29/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date