

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000013247

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: ROBERT M. ALBERTSEN INCORPORATED

## Current Principal Place of Business:

17288 OHARA DRIVE  
PORT CHARLOTTE, FL 33948

## New Principal Place of Business:

4259 JOSEPH ST.  
PORT CHARLOTTE, FL 33948

## Current Mailing Address:

17288 OHARA DRIVE  
PORT CHARLOTTE, FL 33948

## New Mailing Address:

4259 JOSEPH ST.  
PORT CHARLOTTE, FL 33948

FEI Number: 20-0307108

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLORIDA INCORPORATORS, INC.  
8875 HIDDEN RIVER PKWY STE 300  
TAMPA, FL 336372087 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: D ( ) Delete  
Name: ALBERTSEN, ROBERT M  
Address: 17288 OHARA DRIVE  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: ST ( ) Delete  
Name: WRYALS, JOHNNIE J  
Address: 17288 OHARA DRIVE  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VP ( ) Delete  
Name: WALTERS, RICK  
Address: 5230 HYLAND HILLS #1313  
City-St-Zip: SARASOTA, FL 34241

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: ALBERTSEN, ROBERT M  
Address: 4259 JOSEPH ST.  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: ST (X) Change ( ) Addition  
Name: WRYALS, JOHNNIE J  
Address: 4259 JOSEPH ST.  
City-St-Zip: PORT CHARLOTTE, FL 33948

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

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: ROBERT M. ALBERTSEN

D

04/25/2007

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

\_\_\_\_\_  
Date