

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90121 028 ***150.00

DOCUMENT # P04000019330

1. Entity Name
ROBERT T STUB, P.A.



Principal Place of Business
372 COLONADE COURT
KISSIMMEE, FL 34758

Mailing Address
372 COLONADE COURT
KISSIMMEE, FL 34758

50014747



2. Principal Place of Business

12 Saint Andrews Ct.
Suite, Apt. #, etc.

3. Mailing Address

12 Saint Andrews Ct.
Suite, Apt. #, etc.

03092006

Chg-P

CR2E034 (11/05)

City & State

Kissimmee, FL

Zip
34759

Country

USA

City & State

Kissimmee, FL

Zip
34759

Country

USA

4. FEI Number
20-0619456

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STUB, ROBERT
372 COLONADE COURT
KISSIMMEE, FL 34758

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

12 Saint Andrews Ct.

City

Kissimmee

FL

Zip Code

34759

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

Robert T. Stub

Robert T. Stub President

09/17/2006

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
STUB, ROBERT T
372 COLONADE COURT
KISSIMMEE, FL 34758 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
12 Saint Andrews Court
Kissimmee, FL 34759

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Robert T. Stub

Robert T. Stub

09/17/2006

407-732-7607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #