

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000028267

Entity Name: F. ROBERT SANTOS, P.A.

FILED
Apr 04, 2007
Secretary of State

Current Principal Place of Business:

1509 W SWANN AVE SUITE 240A
TAMPA, FL 33606

New Principal Place of Business:

1509 W SWANN AVE
SUITE 240A
TAMPA, FL 33606

Current Mailing Address:

1509 W SWANN AVE SUITE 240A
TAMPA, FL 33606

New Mailing Address:

1509 W SWANN AVE
SUITE 240A
TAMPA, FL 33606

FEI Number: 84-1636851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANTOS, F ROBERT
1509 W SWANN AVE SUITE 240A
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

SANTOS, F ROBERT
1509 W SWANN AVE
SUITE 240 A
TAMPA, FL 33606 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: F. ROBERT SANTOS

04/04/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SANTOS, F ROBERT
Address: 1509 W SWANN AVE SUITE 240A
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SANTOS, F ROBERT
Address: 1509 W SWANN AVE SUITE 240A
City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the 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: F. ROBERT SANTOS

P/D

04/04/2007

Electronic Signature of Signing Officer or Director

Date