2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

07-22-2005 90020 047 ***150.00

DOCUMENT # P04000057548

1. Entity Name
ROBERT P. AUER, INC.

Principal Place of Business	Mailing Address
11988 LAKE ALLEN DRIVE LARGO, FL 33773 US	11988 LAKE ALLEN DRIVE LARGO, FL 33773 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07152005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0962057 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AUER, ROBERT P 11988 LAKE ALLEN DRIVE LARGO, FL 33773	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AUER, ROBERT P 11988 LAKE ALLEN DRIVE LARGO, FL 33773	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Auer ROBERT AUER 7.20.05 727.531.1282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
AP040000057548
660026886

8.31.05

Florida Department of State:

I'm so sorry I am returning this report to you a couple days late. I did not know that the FEI number you requested is the same number as my EIN number.
I called and verified with the I.R.S.
I was on ~~vacation~~ vacation the last two weeks returning on 8/29/05 Monday.

I apologize for sending in late. I filed the report on 7.20.05 & paid the $150.
I hope you can find it in your heart not to assess the late fee.

Thank you so much for your understanding in this matter.

Respectfully

Robert P. Ames