

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P05000070978**

1. Entity Name  
**ROBERT J. ALBERT PRINTING SERVICE, INC.**



Principal Place of Business  
**5150 ULMERTON ROAD  
1  
CLEARWATER, FL 33760**

Mailing Address  
**5150 ULMERTON ROAD  
1  
CLEARWATER, FL 33760**



03292007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3124700**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BRUNO, MICHAEL  
600 BYPASS DRIVE  
115  
CLEARWATER, FL 33764**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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  
ALBERT, ROBERT  
7660 16TH AVENUE NORTH  
ST PETERSBURG, FL 33710**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**ST  
ALBERT, LINDA  
7660 16TH AVENUE NORTH  
ST PETERSBURG, FL 33710**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**VP  
ALBERT, RAYMOND  
760 16TH AVENUE NORTH  
ST PETERSBURG, FL 33710**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

U000000723404  
05/02/07-80070-005 158.75

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 J. ALBERT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/07** (27) 572-5551  
Date Daytime Phone #