2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P050000767311. Entity Name

KENNETH RANDAL ROBERTS PA

FILED
May 01, 2007 08:00 AM
Secretary of State

CR2E034 (11/05)

830-482-4635

Applied For

Principal Place of Business

5169 WOODGATE WAY MARIANNA, FL 32446

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE: _

changed, or on an attachment with an address, with

SIGNATURE AND TYPED OF

Mailing Address

5169 WOODGATE WAY MARIANNA, FL 32446

US



4. FEI Number

ļ			20-2888937 No				
	· · · · · ·	· · · · · · · · · · · · · · · · · · ·		5. Certificate	e of Status Desired		5 Additional lequired
	6. Name and Address of Current Regis	stered Agent		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
5169 WO	S, KENNETH R DDGATE WAY A, FL 32446	DO NOT WRITE IN THIS SPACE					
8. The above the obligat	e named entity submits this statement for the plans of registered agent. Signature, typed or printed parts of registered agent and tibe		ed office or registe		oth, in the State of Flori	Z4/07	r with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			cing _ \$5	.00 May Be		"53670 80029-021	150.00
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KENNETH, ROBERTS R 5169 WOODGATE WAY MARIANNA, FL 32446			• /	en e		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		:			THIS SPA	ACE'	
TITLE NAME STREET ADDRESS							

12. I hereby certify that the information supplied with this filling 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

NAME OF SIGNING OFFICER OR DIRECTOR