2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000019210

1. Entity Name ROBERT P KROTT INCORPORATED

US

Mailing Address

11970 GREENWOOD CT JACKSONVILLE, FL 32246 US

Principal Place of Business

11970 GREENWOOD CT JACKSONVILLE, FL 32246 **Secretary of State**



FILED

Jul 14, 2008 08:00 AM

DO NOT WRITE IN THIS SPACE

07092008 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 20-4139927 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

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

STRONG, RONALD L 16 SEMINOLE ROAD ATLANTIC BEACH, FL 32233

SIGNATURE

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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.	

(NOTE, Registered Agent aignitive required when reinstating)

FILE NOW!!! FEE IS \$150.00

Election Campaign Financing

\$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.

DATE

Trust Fund Contribution. Due by September 12, 2008 OFFICERS AND DIRECTORS 10. P,VP TITLE NAME KROTT, ROBERT P STREET ADDRESS 11970 GREENWOOD CT CITY-ST-ZIP JACKSONVILLE, FL 32246 TITLE KROTT, ROBERT P NAME STREET ADDRESS 11970 GREENWOOD CT CITY-ST-ZIP JACKSONVILLE, FL 32246 TITLE NAME KROTT, ROBERT P STREET ADDRESS 11970 GREENWOOD CT CITY-ST-ZIP JACKSONVILLE, FL 32246 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

HAAAAASS4503 07/14/08-80003-014 150.00

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12. Thereby certify that the information supplied with this fifing 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.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP