

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 03, 2008 8:00 am
Secretary of State

01-29-2008 90031 009 ***150.00

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1st MOORE CR2E034 (10/07)

DOCUMENT # P06000072535 1. Entity Name ROBERT SYLVA, P.A.																																																																	
Principal Place of Business 12425 EVERARD DRIVE SPRING HILL FL 34609			Mailing Address 12425 EVERARD DRIVE SPRING HILL FL 34609																																																														
2. Principal Place of Business - No P.O. Box # State, Apt. #, etc.			3. Mailing Address State, Apt. #, etc.																																																														
City & State Zip County Zip Country			4. FEI Number 20-4918136 Applied For ☐ Not Applicable																																																														
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent SYLVA, ROBERT 12425 EVERARD DRIVE SPRING HILL FL 34609																																																													
7. Name and Address of New Registered Agent 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 _____																																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																																																														
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">☐ Delete</td> </tr> <tr> <td></td> <td>SYLVA, ROBERT</td> <td>12425 EVERARD DRIVE</td> <td>SPRING HILL FL 34609</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td style="text-align: center;">☐ Delete</td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete		SYLVA, ROBERT	12425 EVERARD DRIVE	SPRING HILL FL 34609		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 employees.																																																																	
SIGNATURE: <i>Robert Sylva P.A.</i> PRESIDENT 2/27/08 352-263-6796 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																	