## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

## FILED Apr 19, 2007 8:00 am Secretary of State 03-19-2007 90070 042 \*\*\*150.00

1. Eraity Name DEBORAH L ROBERTS, P.A.				65009991
Principal Place of Business Mailing Address				
29215 SE 180TH STREET RD PO BOX 833		US	LIGACIONI CIL GANG ANN APIN ABEN APIN GENS INCALINCE SYN AGNA (BINTER II INT	
Principal Place of Business - No P.O. Box # 3. Mailing		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03142007 Chg-P CR2E034 (12/06)
City & State		City & State		4 FEI Number 199 (4527   Applied For Not Applied ble
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Regulated
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
ROBERTS, DEBORAH L			Name	
29215 SE 180TH STREET RD ALTOONA, FL 32702			Street A	ddress (P.O. Box Number is Noi Acceptable)
			City	FL Zip Code
B. 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 lamiliar with, and accept the obligations of registered agent.				
SIGNATURE_ Signeture, typed or printed name of registered open, and site if applicable. (NOTE: Repeatored Agent aggreture required when renetating)  DATE				
FILE NOWIN FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	P DODESTE DEDOS	☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS	ROBERTS, DEBORAH L 29215 SE 180TH STREET RD		NAME STREET ADDRESS	
CITY-ST-ZIP	ALTOONA, FL 32702		CITY-ST-ZIP	
TITLE NAME		☐ Delete	ITLE	Change Addition
STREET ADDRESS			NAME STREET ADDRESS	
CITY+ST-ZIP	· · · · · · · · · · · · · · · · · · ·		CITY-ST-ZIP	
MALE		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP	·		CITY-ST-ZIP	
TITLE		Delete	TITLE NAME	Change Addition
STREET ADDRESS			STREET ADORESS	
CITY-ST-ZIP			CITY-ST-ZIP	
NAME		L. Delete	TIFLE NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADORESS	
CITY-ST-ZIP			CITY-ST-ZIP	
NAME		☐ Defete	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	
CITY-SI-ZIP	<u> </u>		CITY-ST-ZIP	
12. Thereby 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 it made under oath; that I am an officer or director of the containing of the report of the containing of the report of the containing of the contain				
of the corporation of the seceiver 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: What L Roleing P.A. 3/14/07 352-5/6-0097				
SIGNATURE AND TYPES OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR Date Daviene Proce 9				
Deposit Chapter 14.				