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Secretary of State

05-02-2008 90130 050 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000035069

1. Entity Name
ROBERT H. PETERSON, P.A.

400092925

Principal Place of Business	Mailing Address
8270 WOODLAND CENTER BLVD TAMPA, FL 33614	8270 WOODLAND CENTER BLVD TAMPA, FL 33614

04242008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6906 W. Linebaugh Ave.	6906 W. Linebaugh Ave.
Suite, Apt. #, etc.: Suite 101	Suite, Apt. #, etc.: Suite 101
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33625 Country: USA	Zip: 33625 Country: USA

4. FEI Number: 20-8626343 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PETERSON, ROBERT H 8270 WOODLAND CENTER BLVD TAMPA, FL 33614	Name: Robert H. Peterson Street Address (P.O. Box Number is Not Acceptable): 6906 W. Linebaugh Ave. Suite 101 City: Tampa FL Zip Code: 33625

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: Robert H. Peterson DATE: 4/29/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: PETERSON, ROBERT H STREET ADDRESS: 8270 WOODLAND CENTER BLVD CITY-ST-ZIP: TAMPA, FL 33614	☐ Delete	TITLE: P NAME: Robert H. Peterson STREET ADDRESS: 6906 W. Linebaugh Ave., Suite 101 CITY-ST-ZIP: ~~Tampa, FL 33625~~	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 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 H. Peterson 4/29/08 (813) 418-6400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #