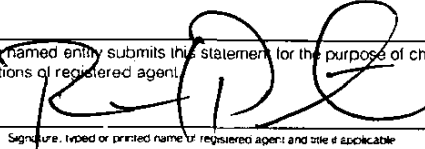
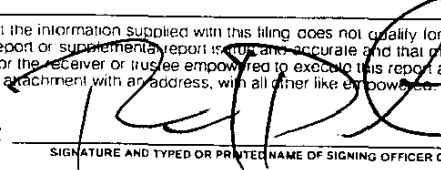


FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90130 050 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P07000035069			
1. Entity Name ROBERT H. PETERSON, P.A.			
Principal Place of Business 8270 WOODLAND CENTER BLVD TAMPA, FL 33614		Mailing Address 8270 WOODLAND CENTER BLVD TAMPA, FL 33614	
2. Principal Place of Business - No P.O. Box # 6906 W. Linebaugh Ave.		3. Mailing Address 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 PETERSON, ROBERT H 8270 WOODLAND CENTER BLVD TAMPA, FL 33614		7. Name and Address of New Registered Agent 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 (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 TITLE NAME STREET ADDRESS CITY- ST- ZIP P PETERSON, ROBERT H 8270 WOODLAND CENTER BLVD TAMPA, FL 33614 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 TITLE NAME STREET ADDRESS CITY- ST- ZIP Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY- ST- ZIP P Robert H. Peterson 6906 W. Linebaugh Ave., Suite 101 Tampa, FL 33625 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 TITLE NAME STREET ADDRESS CITY- ST- ZIP Change Addition	
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		(813) 418-6400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	