

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90031 030 ***150.00

DOCUMENT # P94000085799

1. Entity Name
ROBERT KOOP JOHNSON, P.A.



Principal Place of Business
1170-3RD ST. S.
SUITE B-205
NAPLES, FL 34102-7062 US

Mailing Address
1170-3RD ST. S.
SUITE B-205
NAPLES, FL 34102 US



02202007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
5121 Castello Drive

3. Mailing Address
5121 Castello Drive

Suite, Apt. #, etc.
2

Suite, Apt. #, etc.
2

City & State
Naples FL

City & State
Naples FL

4. FEI Number
65-0537732

Applied For
☐ Not Applicable

Zip Country
34103 USA

Zip Country
34103 USA

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

6. Name and Address of Current Registered Agent

JOHNSON, ROBERT K
~~1170-3RD ST. S.~~ **5121 Castello Drive**
~~SUITE B-205~~ **Suite 2**
~~NAPLES, FL 34102~~ **Naples FL 34103**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb 21/2007

FILE NOW!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME JOHNSON, ROBERT K.
STREET ADDRESS 1170-3RD ST., S. SUITE B-205
CITY-ST-ZIP NAPLES, FL 34102

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addit
NAME
STREET ADDRESS **5121 Castello Drive; Suite 2**
CITY-ST-ZIP **Naples FL 34103**

TITLE ☐ Change ☐ Addit
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NAME
STREET ADDRESS
CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RK Johnson