

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000086237

1. Entity Name
LAW OFFICE OF ROBERT A. KERR, ESQUIRE, P.A.



Principal Place of Business
9129 CREEDMOOR LN
NEW PORT RICHEY, FL 34654 US
Mailing Address
1324 SEVEN SPRINGS BLVD
132
NEW PORT RICHEY, FL 34654 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.
9129 Creedmoor Ln.
City & State
New Port Richey, FL
Zip 34654 Country USA

6. Name and Address of Current Registered Agent

KERR, ROBERT A
9129 CREEDMOOR LN
NEW PORT RICHEY, FL 34654

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 Kerr

4/30/08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7. Name and Address of New Registered Agent

Name Kerr, Robert A.
Street Address (P.O. Box Number is Not Acceptable)
9129 Creedmoor Ln.
City New Port Richey Zip Code FL 34654

**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 D
NAME KERR, ROBERT A
STREET ADDRESS 1324 SEVEN SPRINGS BLVD 132
CITY-ST-ZIP NEW PORT RICHEY, FL 34654

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Kerr

4/30/08 813-350-7949

Date Daytime Phone #