

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2008 90173 020 ***150.00

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.

Suite, Apt. #, etc.

City & State
New Port Richey, FL

City & State

Zip
34654

Country
USA

Zip

Country

01072008 Chg-P CR2E034 (12/06)

4. FEI Number
59-3347642

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

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

Name
Kerr, Robert A.

Street Address (P.O. Box Number is Not Acceptable)
9129 Creedmoor Ln.

City
New Port Richey **FL** Zip Code
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 individual agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
KERR, ROBERT A
1324 SEVEN SPRINGS BLVD 132
NEW PORT RICHEY, FL 34654**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 Kerr

4/30/08

813-350-7999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #