


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90019 005 ***150.00

DOCUMENT # P97000026452					
1. Entity Name ROBERT R. RENFROE, P.A.					
Principal Place of Business 906 W ROBERTSON ST BRANDON, FL 33511 US			Mailing Address 906 W ROBERTSON ST BRANDON, FL 33511 US		
2. Principal Place of Business - No P.O. Box # 510 Vonderburg Drive Suite Apt. #, etc. 3000		3. Mailing Address P.O. Box 3530 Suite, Apt. #, etc.			
City & State Brandon, FL		City & State Brandon, FL		4. FEI Number 65-0737810	
Zip 33511		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RENFROE, ROBERT R 906 W ROBERTSON ST BRANDON, FL 33511			7. Name and Address of New Registered Agent Name: Robert R. Renfro Street Address (P.O. Box Number is Not Acceptable): 510 Vonderburg Drive Suite 3000 City: Brandon FL Zip Code: 33511		
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: <u>Robert R. Renfro</u> <u>Robert R. Renfro President</u> <u>1/30/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: D NAME: RENFROE, ROBERT R STREET ADDRESS: 906 W ROBERTSON ST CITY-ST-ZIP: BRANDON, FL 33511	<input type="checkbox"/> Delete		TITLE: <u>P/D</u> NAME: <u>Robert R. Renfro</u> STREET ADDRESS: <u>510 Vonderburg Drive Suite 3000</u> CITY-ST-ZIP: <u>Brandon, FL 33511</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Robert R. Renfro</u>			Robert R. Renfro 1/30/08 813-654-1383		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		