

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000083894**

1. Entity Name  
**CHOICE FINANCIAL ADVISORS, INC.**



Principal Place of Business  
**2627 MCCORMICK DR  
STE 101A  
CLEARWATER, FL 33759**

Mailing Address  
**P O BOX 15857  
CLEARWATER, FL 33766 US**



04132007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3472052**

Applied For
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**ROPER, DAVID B  
2627 MCCORMICK DR  
CLEARWATER, FL 33759**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	PTD
NAME	ROPER, DAVID B
STREET ADDRESS	2987 ESTANCIA PL
CITY-ST-ZIP	CLEARWATER, FL 33761

TITLE	VSD
NAME	ROPER, DIANE J
STREET ADDRESS	2987 ESTANCIA PL
CITY-ST-ZIP	CLEARWATER, FL 33761

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE  
IN THIS SPACE**

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04/25/07-80021-017 150.00

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: *D. B. Roper*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-07

Date

727-796-0203

Daytime Phone #