


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000097974	
1. Entity Name THOMAS L. ROBERTS, P.A.	

Principal Place of Business 10208 SHADOW BRANCH DR TAMPA, FL 33647	Mailing Address 10208 SHADOW BRANCH DRIVE TAMPA, FL 33647
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DO NOT WRITE IN THIS SPACE



07062007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3479647	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, THOMAS L
10208 SHADOW BRANCH DR
TAMPA, FL 33647

**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 _____ DATE _____

U00000772073
08/14/07-80003-013 150.00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTS, THOMAS L 10208 SHADOW BRANCH DR. TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROBERTS, EDYTH B 10208 SHADOW BRANCH DR. TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROBERTS, THOMAS L 10208 SHADOW BRANCH DR. TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERTS, EDYTH 10208 SHADOW BRANCH DR TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Thomas Roberts Date: 8/9/2007 Daytime Phone #: 813-760-4426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR