

**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**



07062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3479647

Applied For
Not Applicable

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

000000772073

08/14/07-80003-013 150.00

**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 PD
NAME ROBERTS, THOMAS L
STREET ADDRESS 10208 SHADOW BRANCH DR.
CITY-ST-ZIP TAMPA, FL 33647

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

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

TITLE T
NAME ROBERTS, EDYTH
STREET ADDRESS 10208 SHADOW BRANCH DR
CITY-ST-ZIP TAMPA, FL 33647

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/2007
Date

813-760-4426
Daytime Phone #