

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000097974

FILED
May 07, 2010
Secretary of State

Entity Name: THOMAS L. ROBERTS, P.A.

Current Principal Place of Business:

10208 SHADOW BRANCH DR
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

10208 SHADOW BRANCH DR
TAMPA, FL 33647

New Mailing Address:

FEI Number: 59-3479647

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: ROBERTS, THOMAS L
Address: 10208 SHADOW BRANCH DR.
City-St-Zip: TAMPA, FL 33647

Title: VPD
Name: ROBERTS, EDYTH B
Address: 10208 SHADOW BRANCH DR.
City-St-Zip: TAMPA, FL 33647

Title: STD
Name: ROBERTS, THOMAS L
Address: 10208 SHADOW BRANCH DR.
City-St-Zip: TAMPA, FL 33647

Title: T
Name: ROBERTS, EDYTH
Address: 10208 SHADOW BRANCH DR
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS L. ROBERTS

PRES

05/07/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date