2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 22, 2007 08:00 AM Secretary of State

OCUMENT	#	P98000090436
Carlo Manager		

 Entity Name ROBERT S. THURLOW, P.A.



Principal Place of Business

Mailing Address

415 CANAL ST.

NEW SMYRNA BEACH, FL 32168-7009

Mailing Address
415 CANAL ST.
NEW SMYRNA BEACH, FL 32168-7009



DO NOT WRITE IN THIS SPACE

01192007

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FEI Number	Applied For
59-3538728	Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent
THURLOW, ROBERT'S

415 CANAL ST. NEW SMYRNA BEACH, FL 32168-7009

DO NOT WRITE IN THIS SPACE

No Chg-P

8. The above the obligat	named entity submits this statement for the pricions of registered agent.	urpose of changing its register	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept			
SIGNATURE Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating). DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			ncing	\$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS								
TITLE NAME STREET AODRESS CITY-ST-ZIP	PD THURLOW, ROBERT S 2504 BELMONT AVE. NEW SMYRNA BEACH, FL 32168							
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000594976 01/23/07-80021-007 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			 - 	DO	NOT WRITE			
NAME STREET ADDRESS CITY-ST-ZIP				!N	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS								

12. It 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/19/07 (38

83 424~133 Dayling Phone #