

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000088305

Entity Name: ROBERT NEEDLE, P.A.

FILED  
Mar 23, 2009  
Secretary of State

**Current Principal Place of Business:**

5201 VILLAGE BOULEVARD  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

5201 VILLAGE BLVD  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

5201 VILLAGE BOULEVARD  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

5201 VILLAGE BLVD  
WEST PALM BEACH, FL 33407

FEI Number: 65-0958820

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NEEDLE, ROBERT  
5201 VILLAGE BLVD  
WEST PALM BEACH, FL 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: DP ( ) Delete  
Name: NEEDLE, ROBERT  
Address: 5201 VILLAGE BOULEVARD  
City-St-Zip: WEST PALM BEACH, FL 33407

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: NEEDLE, ROBERT  
Address: 5201 VILLAGE BLVD  
City-St-Zip: WEST PALM BEACH, FL 33407

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT NEEDLE

DP

03/23/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date