

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # S21074



1. Entity Name

ROBERT L. WIDGERY, JR. & ASSOCIATES, INC.

Principal Place of Business

10821 SW 123RD ST
MIAMI FL 33176

Mailing Address

10821 SW 123RD ST
MIAMI FL 33176



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0235894

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WIDGERY, ROBERT L. JR.
10821 SW 123RD ST
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME: WIDGERY, ROBERT L., JR. ☐ Delete
STREET ADDRESS: 10821 SW 123RD ST
CITY-STATE-ZIP: MIAMI FL

TITLE
NAME: ☐ Delete
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE
NAME: ☐ Delete
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE
NAME: ☐ Delete
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE
NAME: ☐ Delete
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE
NAME: ☐ Delete
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS: 000000640764
CITY-STATE-ZIP: 02/28/07-80080-006 150.00

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY-STATE-ZIP:

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STREET ADDRESS:
CITY-STATE-ZIP:

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert L Widgery Jr 2/19/07 3052516326