

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007 8:00 am
Secretary of State

01-05-2007 90029 026 ***150.00

DOCUMENT # S21876

1. Entity Name
ROBERT S. HIGHTOWER, P.A.



Principal Place of Business
**241 E VIRGINIA ST
TALLAHASSEE, FL 32301 US**

Mailing Address
**P O BOX 4165
TALLAHASSEE, FL 32315**

400000001



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

3. Mailing Address

01032007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tallahassee Florida

City & State

4. FEI Number
59-3045959

Applied For
Not Applicable

Zip
32301

Country
Leon-USA

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HIGHTOWER, ROBERT S
241 E. VIRGINIA ST.
TALLAHASSEE, FL 32301**

Name
HIGHTOWER, ROBERT S.
Street Address (P.O. Box Number is Not Acceptable)
**128 Salem Court
Tallahassee, Florida 32301**

City **Tallahassee, Florida** **FL** Zip **32301**

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

ROBERT S. Hightower

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/4/2007

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTS
HIGHTOWER, ROBERT S
241 E. VIRGINIA ST.
TALLAHASSEE, FL 32301** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTS
HIGHTOWER, ROBERT S.
128 Salem Court
Tallahassee, Florida 32301** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

ROBERT S. Hightower

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/4/2007

Daytime Phone #

850-222-3363