

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # V39473	
1. Entity Name ROBERT S. WILLIS, P.A.	

Principal Place of Business 503 E. MONROE ST. JACKSONVILLE FL 32202 US	Mailing Address 503 E. MONROE ST. JACKSONVILLE FL 32202 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc	3. Mailing Address Suite, Apt. #, etc
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City & State	City & State
Zip	Country

4. FEI Number 59-3160910	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WILLIS, ROBERT S. 503 E. MONROE ST. JACKSONVILLE FL	
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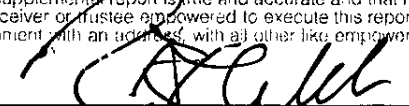
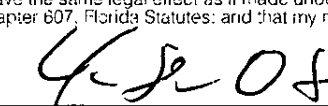
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME WILLIS, ROBERT S.	☐ Delete	NAME 000000457934	☐ Change ☐ Addition
STREET ADDRESS 503 E. MONROE ST.		STREET ADDRESS 04/21/08-80040-006	
CITY-ST-ZIP JACKSONVILLE FL		CITY-ST-ZIP 150.00	
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-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 this 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 addressee, with all other like empowered.

SIGNATURE: 	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date