


FILED
May 23, 2007 8:00 am
Secretary of State

5/2

05-02-2007 90043 044 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # V60756 1. Entity Name ROBERTS, HANNA & ARNDT, P.A.			
Principal Place of Business 150 2ND AVE. NORTH STE 600 ST. PETERSBURG, FL 33701 US		Mailing Address 150 2ND AVE. NORTH STE 600 ST. PETERSBURG, FL 33701 US	
DO NOT WRITE IN THIS SPACE			
		04192007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3139945	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUSAN C HANNA 150 2ND AVE N SUITE 600 ST PETERSBURG, FL 33701		DO NOT WRITE IN THIS SPACE	
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: <u>S. Hanna</u> (NOTE: Registered Agent signature required when reappointing) 4/23/07 DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D HANNA, SUSAN C. 150 2ND AVE N, #600 ST. PETERSBURG, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D ARNDT, SCOTT A. 150 2ND AVE N, #600 ST. PETERSBURG, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: <u>S. Hanna</u> 5/21/07 727-822-4021 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			