

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H17834

**Entity Name:** ROBERT MOELLER, P.A.

**Current Principal Place of Business:**

717 NE 665 STREET  
OLD TOWN, FL 32680

**Current Mailing Address:**

717 NE 665 STREET  
OLD TOWN, FL 32680

**FEI Number:** 59-2453615

**Certificate of Status Desired:** No

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

MOELLER, ROBERT  
717 NE 665 STREET  
OLD TOWN, FL 32680 US

*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

**Officer/Director Detail :**

|                 |                     |                 |                   |
|-----------------|---------------------|-----------------|-------------------|
| Title           | ST                  | Title           | P                 |
| Name            | MOELLER, LORILYNN H | Name            | MOELLER, ROBERT B |
| Address         | 717 NE 665 STREET   | Address         | 717 NE 665 STREET |
| City-State-Zip: | OLD TOWN FL 32680   | City-State-Zip: | OLD TOWN FL 32680 |

*I hereby 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 all other like empowered.*

**SIGNATURE:** ROBERT MOELLER

**PRESIDENT**

**04/09/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date