

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000051465	
1. Entity Name ROBIN F. KULL, CPA, P.A.	

Principal Place of Business 6309 CORPORATE COURT 203 FORT MYERS, FL 33919	Mailing Address 6309 CORPORATE COURT 203 FORT MYERS, FL 33919
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DO NOT WRITE IN THIS SPACE

04282008 No Chg-P CR2E034 (11/05)

4. FEI Number 45-0482016	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KULL, ROBIN F
15477 BRIAR RIDGE CIRCLE
FORT MYERS, FL 33912**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000947516 06/02/08-80018-005 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KULL, ROBIN F 15477 BRIAR RIDGE CIRCLE FORT MYERS, FL 33912
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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: Robin F. Kull **ROBIN F KULL** 4/28/08 239-482-4120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #