

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000025313**

1. Entity Name  
**ROBOCOM, INC.**



Principal Place of Business  
**52 QUEEN CT**  
**LEHIGH ACRES, FL 33971-2303 US**

Mailing Address  
**52 QUEEN CT**  
**LEHIGH ACRES, FL 33971-2303 US**



01152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0480622** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KEE, THOMAS R**  
**52 QUEEN CT.**  
**LEHIGH ACRES, FL 33971-2303**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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**

U00000591685  
 01/19/07-80033-004 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	KEE, THOMAS R
STREET ADDRESS	52 QUEEN CT.
CITY-ST-ZIP	LEHIGH ACRES, FL 339712303
TITLE	D
NAME	KEE, ELIZABETH A
STREET ADDRESS	52 QUEEN COURT
CITY-ST-ZIP	LEHIGH ACRES, FL 339712303
TITLE	D
NAME	KEE, JAMES C
STREET ADDRESS	52 QUEEN COURT
CITY-ST-ZIP	LEHIGH ACRES, FL 339712303
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: James C. Kee James C. Kee 1-15-07 239-369-8999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #