


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P94000025313

1. Entity Name
ROBOCOM, INC.



Principal Place of Business Mailing Address

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

DO NOT WRITE IN THIS SPACE



01052008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0480622	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

04/21/08-80005-004 150.00

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	

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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: *James C. Kee* **James C. Kee** **4-6-08** **239-369-8999**

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