


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90233 024 ***150.00

DOCUMENT # 605081
 1. Entity Name
 ROBERT M. WOODBURN, P.A.



Principal Place of Business
 2655 E.OAKLAND PK.BLVD.
 FT. LAUDERDALE, FL 33306

Mailing Address
 2655 E.OAKLAND PK.BLVD.
 FT. LAUDERDALE, FL 33306

50020527



02182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-1516377 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WOOD (GAYLORD A.), JR.
 603 COURT HOUSE SQ. BLDG.
 200 S E SIXTH ST.
 FT. LAUDERDALE, FL

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 _____ 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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOODBURN, ROBERT M 2655 E.OAKLAND PK.BLVD. FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOOD, GAYLORD A 603 COURTHOUSE SQ BLD FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOODBURN, ROBERT M 2655 E.OAKLAND PK.BLVD. FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(i), 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: Robert M. Woodburn 2/22/05 954-566-7596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Robert M. Woodburn