

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

**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	PD
NAME	WOODBURN, ROBERT M
STREET ADDRESS	2655 E.OAKLAND PK.BLVD.
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	S
NAME	WOOD, GAYLORD A
STREET ADDRESS	603 COURTHOUSE SQ BLD
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	T
NAME	WOODBURN, ROBERT M
STREET ADDRESS	2655 E.OAKLAND PK.BLVD.
CITY-ST-ZIP	FT LAUDERDALE, FL
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/05 954-566-7596
Date Daytime Phone #

Robert M. Woodburn