2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 06, 2006 8:00 am Secretary of State DOCUMENT # F46745 1. Entity Name 03-06-2006 90029 038 ***158.75 ROBERT E. ROBINSON, P.A. Principal Place of Business Mailing Address C/O ROBERT E ROBINSON C/O ROBERT E ROBINSON 4040 49TH ST N ST PETE FL 33709 4040 49TH ST N ST PETE FL 33709 2. Principal Place of Business Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE 4. FEI Number Applied For City & State 59-2120749 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROBINSON, ROBERT E Street Address (P.O. Box Number is Not Acceptable) 4040 49TH ST N SAINT PETERSBURG FL 33709 City Zip Code 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 Signature, typed or pointed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PSD** ☐ Delete TITLE ☐ Channe ☐ Addition NAME ROBINSON, ROBERT E. NAME STREET ADDRESS STREET ADDRESS 4040 49TH STREET NORTH CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL Delete ☐ Addition TITLE TITLE ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THTLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-7IP CITY-ST-7IP TITLE ☐ Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Irustee 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.

FILED