

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 17, 2005 08:00 AM
Secretary of State

DOCUMENT # H13003

1. Entity Name
LARRY W. ROBINSON, P.A.



Principal Place of Business
**414 NORTH HALIFAX AVENUE
DAYTONA BEACH, FL 32118**

Mailing Address
**414 NORTH HALIFAX AVENUE
DAYTONA BEACH, FL 32118**



08122005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2427564

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ROBINSON, LARRY W.
414 NORTH HALIFAX AVENUE
DAYTONA BEACH, FL 32018**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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	P ROBINSON, LARRY W. 414 NORTH HALIFAX AVENUE DAYTONA BEACH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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08/17/05-80001-021 550.00

**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: _____