


2007 FOR PROFIT CORPORATION - ANNUAL REPORT

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # M78355
 1. Entity Name
ALAN W. ROBINSON, P.A.



Principal Place of Business Mailing Address
565 ACACIA AVE **565 ACACIA AVE**
MELBOURNE VILLAGE, FL 32904 **MELBOURNE VILLAGE, FL 32904**

DO NOT WRITE IN THIS SPACE



01182007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0053729	Applied For Not Applicable
5. Certificate of Status Desired - <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROBINSON, ALAN W
565 ACACIA AVE
MELBOURNE VILLAGE, FL 32904

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 *Alan W. Robinson* *Disregard* *3/26/07*
Signature, typed by printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	PDS ROBINSON, ALAN W 565 ACACIA AVE MELBOURNE VILLAGE, FL 32904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ROBINSON, MARTHA A 565 ACACIA AVE MELBOURNE VILLAGE, FL 32904
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100000682683
 04/05/07-80012-023-150.00

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: *Martha A. Robinson* *3/26/07* *321951996*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
MARTHA A. ROBINSON **TREASURER**