



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90086 040 ***150.00

DOCUMENT # P00000112624 1. Entity Name ROBINSON ELECTRIC OF S.W. FLORIDA, INC.					
Principal Place of Business 26110 WATERFOWL LANE PORT CHARLOTTE, FL 33983			Mailing Address 26110 WATERFOWL LANE PORT CHARLOTTE, FL 33983		
2. Principal Place of Business 3821-B TAMiami TRAIL Suite, Apt. #, etc. SUITE 118 City & State PORT CHARLOTTE, FL Zip 33952 Country CHARLOTTE		3. Mailing Address 3821-B TAMiami TRAIL Suite, Apt. #, etc. SUITE 118 City & State PORT CHARLOTTE, FL Zip 33952 Country CHARLOTTE			
					
4. FEI Number 59-3693505		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBINSON, MICHAEL F SR 26110 WATERFOWL LANE PORT CHARLOTTE, FL 33983			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3821-B TAMiami TRAIL SUITE 118 City PORT CHARLOTTE FL Zip Code 33952		
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 <u>X</u> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, MICHAEL F SR 26110 WATERFOWL LANE PORT CHARLOTTE, FL 33983	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3821-B TAMiami TRAIL SUITE 118 PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3821-B TAMiami TRAIL SUITE 118 PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	3821-B TAMiami TRAIL SUITE 118 PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>X Michael F Robinson Sr.</u> 2/3/05 941-743-9334 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
MICHAEL ROBINSON SR.					