2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000000389 JANELL ROBISON, INC. Principal Place of Business Mailing Address 5075 FLAGSTONE CT 5075 FLAGSTONE CT TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303

FILED Apr 19, 2004 08:00-AM Secretary of State



DO NOT WRITE IN THIS SPACE

CR2E034 (10/03) 01172004 No Chg-P Applied For 4. FEI Number 59-3710689 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBISON, JANELL 5075 FLAGSTONE CT TALLAHASSEE, FL 32303

the obligations of registered agent.

SIGNATURE: .

DO NOT WRITE IN THIS SPACE

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 \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000120978 04/20/04-80031-017 150.00	
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS GRY-ST-ZIP	PT ROBISON, JANELL 5075 FLAGSTONE CT TALLAHASSEE, FL 32303					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ROBISON, CHRIS P 5075 FLAGSTONE CT TALLAHASSEE, FL 32303					
TITLE NAME STREET ADDRESS CRY-ST-ZIP			DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CRY-ST-ZIP		_		·		
12. Thereby 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 comporation 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.						

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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