


2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90042 044 \*\*\*150.00

**DOCUMENT # P01000066834**

1. Entity Name  
**CONROB INC.**



Principal Place of Business  
**3174 NW FEDERAL HWY  
JENSEN BEACH, FL 34957**

Mailing Address  
**218 NW PLEASANT GROVE WAY  
PORT SAINT LUCIE, FL 34986**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
**872 SW SQUIRE JOHNS LN**  
Suite, Apt. #, etc.

City & State  
**Palm City FL**

Zip  
**FL 34990**

Country  
**MARTIN**

6. Name and Address of Current Registered Agent  
**ROBINSON, ELAINE  
218 NW PLEASANT GROVE WAY  
PORT SAINT LUCIE, FL 34986**

7. Name and Address of New Registered Agent  
Name  
**Elaine Robinson**  
Street Address (P.O. Box Number is Not Acceptable)  
**872 SW SQUIRE JOHNS LN**  
City  
**Palm City FL** Zip Code  
**34990**

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 *Elaine Robinson* **Elaine Robinson VPD** **01/15/07**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) 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	PD CONTRERAS, JOSE LUIS 218 NW PLEASANT GROVE WAY PORT SAINT LUCIE, FL 34986 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROBINSON, ELAINE 218 NW PLEASANT GROVE WAY PORT SAINT LUCIE, FL 34986 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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: *Elaine Robinson* **Elaine Robinson VPD** **01/15/07** **772-6264709**  
Signature, typed or printed name of signing officer or director Date Daytime Phone #

40001001



01252007 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-1118916**

Applied For  
☐ Not Applicable

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONTRERAS, JOSE LUIS 872 SW SQUIRE JOHNS LANE Palm City FL 34990 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Robinson, Elaine 872 SW SQUIRE JOHNS LANE Palm City FL 34990 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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