

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90112 014 ***150.00

DOCUMENT # P01000092807

1. Entity Name

ROBYN HUFF, OTR/L, P.A.



Principal Place of Business

124 WOODLAKE CIRCLE
LAKE WORTH FL 33463

Mailing Address

124 WOODLAKE CIRCLE
LAKE WORTH FL 33463

2. Principal Place of Business

17493 48th CT. N.

Suite, Apt. #, etc.

3. Mailing Address

17493 48th CT. N.

Suite, Apt. #, etc.

City & State

Loxahatchee FL

City & State

Loxahatchee FL

4. FEI Number

80-0035179

Applied For

Not Applicable

Zip

33470

Country

Palm Beach

Zip

33470

Country

Palm Beach

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUFF, ROBYN
124 WOODLAKE CIRCLE
LAKE WORTH FL 33463

7. Name and Address of New Registered Agent

Name Robyn Huff

Street Address (P.O. Box Number is Not Acceptable)

17493 48th CT. N.

City Loxahatchee

FL

Zip Code

33470

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

4/1/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME HUFF, ROBYN
STREET ADDRESS 124 WOODLAKE CIRCLE
CITY-ST-ZIP LAKE WORTH FL 33463 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME Robyn Huff
STREET ADDRESS 17493 48th CT. N.
CITY-ST-ZIP Loxahatchee FL 33470 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/05

561-386-7420