


# 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      Mailing Address

124 WOODLAKE CIRCLE      124 WOODLAKE CIRCLE  
 LAKE WORTH FL 33463      LAKE WORTH FL 33463

2. Principal Place of Business      3. Mailing Address

**17493 48th Ct. N.**      **17493 48th Ct. N.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**Loxahatchee FL**      **Loxahatchee FL**

Zip      Country      Zip      Country

**33470**      **Palm Beach**      **33470**      **Palm Beach**



1st MOORE      CR2E034 (10/04)

4. FEI Number      Applied For

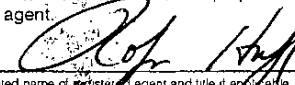
**80-0035179**       Not Applicable

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

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**HUFF, ROBYN**      Name **Robyn Huff**  
 124 WOODLAKE CIRCLE      Street Address (P.O. Box Number is Not Acceptable)  
 LAKE WORTH FL 33463      **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:       DATE: **4/1/05**

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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State.**

9. Election Campaign Financing      **\$5.00** May Be Added to Fees  
 Trust Fund Contribution.     

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUFF, ROBYN</b>	NAME	<b>Robyn Huff</b>
STREET ADDRESS	<b>124 WOODLAKE CIRCLE</b>	STREET ADDRESS	<b>17493 48th Ct. N.</b>
CITY-ST-ZIP	<b>LAKE WORTH FL 33463</b>	CITY-ST-ZIP	<b>Loxahatchee FL 33470</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:       DATE: **4/1/05**      DAYTIME PHONE #: **561-386-7420**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #