

# 2004 FOR ANNUAL REPORT

**FILED**  
**Jun 01, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # PC2</b> 1. Entity Name ROBCORP, INC	
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Principal Place of Business 2260 PALM BEACH LAKES BLVD SUITE 200 WEST PALM BEACH, FL 33409	Mailing Address 2260 PALM BEACH LAKES BLVD SUITE 200 WEST PALM BEACH, FL 33409
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05272004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 02-0589570	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

ROBINSON, JOANNE C  
 15050 61ST PLACE NORTH  
 LOXAHATCHEE, FL 33470

**DO NOT WRITE  
 IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
 Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBINSON, JOANNE C 15050 61ST PLACE NORTH LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALEXANDER, BERNADETTE 11854 63RD LN N WEST PALM BEACH, FL 33412
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U00000161845  
 06/01/04-80003-012 150.00

**DO NOT WRITE  
 IN THIS SPACE**

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:**  **JOANNE ROBINSON** 5/27/04 561-283-5575  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #