

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000018347

FILED
Apr 30, 2005
Secretary of State

Entity Name: THE LAW OFFICE OF ROBIN K. ROBERTS, P.A.

Current Principal Place of Business:

625 W. UNION STREET, SUITE 2
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

625 W. UNION STREET, SUITE 2
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 04-3602569

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, ROBIN K
625 W. UNION STREET, SUITE 2
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: ROBERTS, ROBIN K
Address: 1562 POINTER DR. WEST
City-St-Zip: JACKSONVILLE, FL 32221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: ROBERTS, ROBIN K
Address: 625 W. UNION STREET, SUITE 2
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN ROBERTS

PRES

04/30/2005

Electronic Signature of Signing Officer or Director

Date