2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2006 8:00 am Secretary of State

DOCUMENT # P02000032936 1. Entity Name ROBERT S. RABITS & ASSOCIATES, INC. ARCHITECT & PLANNER						03-21-2006	90028 032 ***15	0.00
Principal Place	e of Business	Mailing Address		·	Miss	-		
245 S. HIGHLAND STREET		245 S. HIGHLAND STREET		40				
-Suite 2		SUITE 2						
MT. DORA, FL 32757		MT. DORA, FL 32757		4 1 0 0 0 10 10 10 10		II GUITE HISE HEID IUITE HIID II	1881 II I e ri	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc. #9		Suite, Apt. #, etc. # 9		03122006	Chg-P	CR2E034 (11/05)		
City & State		City & State		4. FEI Number 03-0422	147	<u> </u>	plied For t Applicable	
Zip	Country	Zip Country		ry	5. Certificate o	f Status Desired	S8.75 Add Fee Require	
	6. Name and Address of Current F	Registered Agent			7. Name and A	ddress of New F	Registered Agent	
			Name			<u>-</u>		
RABITS, ROBERT S 24931 SARANAC CT. EUSTIS, FL 32736				Street Address (P.O. Box Number is Not Acceptable)				
200110,1	2 02.00							
				City			FL Zip Cod	9
the obligat	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent a	KABI	To	d Agent signature require			MG OCO	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaig Trust Fund Contri		cing \$5	.00 May Be ded to Fees			
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	TICERS AND DIRECTOR	3 IN 11
TITLE	Р	☐ Delete	TITLE				☐ Change	☐ Addition
NAME	RABITS, ROBERT S		NAM	I				
STREET ADDRESS CITY-ST-ZIP	24931 SARANAC CT.			ET ADDRESS -ST-ZIP				
TITLE			TITLE				Change	☐ Addition
NAME	MORRELL, DONALD F	CT Delete	NAME	I	,			
STREET ADDRESS	1275 OCEAN SHORE BLVD.		STRE	et address				
CITY-ST-ZIP	ORMOND BEACH, FL 32176		CITY-	-ST-ZIP				
TITLE	S	☐ Delete	TITLE				Change	Addition
NAME STREET ADDOCCO	l 	□ Delete		I				
	MORRELL, MARGARET	Ocide	NAME	E				
STREET ADDRESS CITY-ST-ZIP	1275 OCEAN SHORE BLVD.	Delicte	NAME STRE	I			_ ,	
CITY-ST-ZIP	1275 OCEAN SHORE BLVD. ORMOND BEACH, FL 32176		NAME STRE	E ET ADDRESS -ST-ZIP			☐ Change	☐ Addition
_,	1275 OCEAN SHORE BLVD.	☐ Delete	NAME STRE	E ET ADDRESS -ST-ZIP		11-11		Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	1275 OCEAN SHORE BLVD. ORMOND BEACH, FL 32176 T RABITS, DONNA E 34931 SARANAC CT.		NAME STREE CITY- TITLE NAME STREE	E ET ADDRESS -ST-ZIP : E ET ADDRESS				☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1275 OCEAN SHORE BLVD. ORMOND BEACH, FL 32176 T RABITS, DONNA E	☐ Delete	NAME STREE CITY- TITLE NAME STREE CITY-	E ET ADDRESS -ST-ZIP			☐ Change	. 41-7
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	1275 OCEAN SHORE BLVD. ORMOND BEACH, FL 32176 T RABITS, DONNA E 34931 SARANAC CT.		NAME STREE CITY- TITLE NAME STREE CITY- TITLE	ET ADDRESS -ST-ZIP				Addition
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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 employered 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 attacks, with all other like ampowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED AAME OF SIGNING OFFICER OR DIRECT

3/16/06 352.385.103