


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-21-2006 90028 032 ***150.00

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|--|--|--|---|--|--|
| DOCUMENT # P02000032936 1. Entity Name ROBERT S. RABITS & ASSOCIATES, INC. ARCHITECT & PLANNER | | | |  | |
| Principal Place of Business 245 S. HIGHLAND STREET SUITE 2 MT. DORA, FL 32757 | | | Mailing Address 245 S. HIGHLAND STREET SUITE 2 MT. DORA, FL 32757 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. SUITE #9 | | 3. Mailing Address Suite, Apt. #, etc. SUITE #9 | | 03122006 Chg-P CR2E034 (11/05) | |
| City & State | | City & State | | 4. FEI Number 03-0422147 | |
| Zip | | Zip | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent RABITS, ROBERT S 24931 SARANAC CT. EUSTIS, FL 32736 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 ROBERT S. RABITS DATE 3/16/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P RABITS, ROBERT S 24931 SARANAC CT. EUSTIS, FL 32736 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MORRELL, DONALD F 1275 OCEAN SHORE BLVD. ORMOND BEACH, FL 32176 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MORRELL, MARGARET 1275 OCEAN SHORE BLVD. ORMOND BEACH, FL 32176 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T RABITS, DONNA E 34931 SARANAC CT. EUSTIS, FL 32736 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| 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 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] DATE 3/16/06 DAYTIME PHONE # 352-385-1030 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |