

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


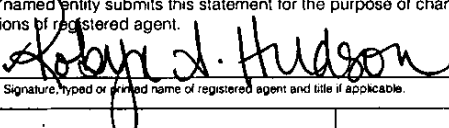
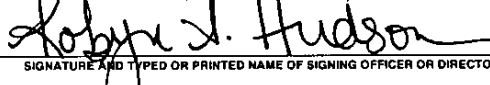
**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90025 034 \*\*\*150.00

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03032007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P03000097848</b>			
1. Entity Name ROBYN A. HUDSON, P.A.			
Principal Place of Business 3900 LAKE CENTER DR STE A-2 MOUNT DORA, FL 32757		Mailing Address 3900 LAKE CENTER DR STE A-2 MOUNT DORA, FL 32757	
2. Principal Place of Business - No P.O. Box # 224 N ROCKINGHAM AVE Suite, Apt. #, etc.		3. Mailing Address 224 N ROCKINGHAM AVE Suite, Apt. #, etc.	
City & State TAVARES, FL		City & State TAVARES, FL	
Zip 32778	Country USA	Zip 32778	Country USA
4. FEI Number 56-2401620		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUDSON, ROBYN A 3900 LAKE CENTER DR STE A-2 MOUNT DORA, FL 32757		7. Name and Address of New Registered Agent Name ROBYN A HUDSON Street Address (P.O. Box Number is Not Acceptable) 224 N ROCKINGHAM AVE City TAVARES FL Zip Code 32778	
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: 3/12/07 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	Delete <input type="checkbox"/> HUDSON, ROBYN A 3900 LAKE CENTER DR STE A-2 MOUNT DORA, FL 32757	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/> 224 N ROCKINGHAM AVE TAVARES, FL 32778
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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 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: 3/12/07 Daytime Phone: (352) 742-3333	