

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000121963	
1. Entity Name DONALD J. ROBINSON, LMT, INC.	



Principal Place of Business
1418 STONE ST
DELAND, FL 32720

Mailing Address
1418 STONE ST
DELAND, FL 32720



07262005 No Chg-P CR2E034 (10/03)

4. FEJ Number
20-0356981

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

KEITH, W CURTIS
1722 STAYSAIL DR
VALRICO, FL 33594

**DO NOT WRITE
IN THIS SPACE**

6. 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 file if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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	D
NAME	ROBINSON, DONALD J
STREET ADDRESS	1418 STONE ST
CITY-ST-ZIP	DELAND, FL 32720
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/03/05-80003-015 150.00

**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: X

Donald J. Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 7/31/05 (386) 734-0341
Date Daytime Phone #