



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90264 018 ***150.00

DOCUMENT # P04000031364					
1. Entity Name ROBIN L. MADDEN PA					
Principal Place of Business 11944 SUNCHASE CT BOCA RATON, FL 33498 PLACIDA FL 33946			Mailing Address 11944 SUNCHASE CT BOCA RATON, FL 33498 PO BOX 3200 PLACIDA FL 33946		
					
2. Principal Place of Business 11025-A PLACIDA ROAD Suite, Apt. #, etc.		3. Mailing Address PO BOX 3200 Suite, Apt. #, etc.		04082005 Chg-P CR2E034 (10/03)	
City & State ENGLEWOOD		City & State PLACIDA		4. FEI Number 20-0783319	
Zip 34224		Country CHARLOTTE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MADDEN, ROBIN L 11944 SUNCHASE CT BOCA RATON, FL 33498 11025-A PLACIDA ROAD ENGLEWOOD FL 34224				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: <u>Robin L. Madden</u> DATE: <u>4-27-05</u> <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, 2005 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	D MADDEN, ROBIN L <u>See above</u> <input type="checkbox"/> Delete 11944 SUNCHASE CT PO BOX 3200 BOCA RATON, FL 33498 PLACIDA FL 33946		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Robin L. Madden</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-27-05 941-276-6902 <small>Date Daytime Phone #</small>		