

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 08, 2005 8:00 am**  
**Secretary of State**

08-08-2005 90045 007 \*\*\*150.00

<b>DOCUMENT # P04000040199</b>	
1. Entity Name <b>BETH ROBINSON, MS, LMHC, P.A.</b>	

Principal Place of Business <b>3002 SE 1ST AVENUE OCALA, FL 34471</b>	Mailing Address <b>2925 SW 32ND AVENUE OCALA, FL 34474</b>
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**50060344**



2. Principal Place of Business <b>3304 SW 34th Cir.</b>	3. Mailing Address
Suite, Apt. #, etc. <b>Suite 202</b>	Suite, Apt. #, etc.
City & State <b>Ocala FL</b>	City & State
Zip <b>34474</b>	Country <b>US</b>

07122005 Chg-P CR2E034 (10/03)

4. FEI Number <b>20-0834092</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>ROBINSON, BETH 2925 SW 32ND AVENUE OCALA, FL 34474</b>	

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: Beth Robinson CEO DATE: 7/12/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO ROBINSON, BETH 2925 SW 32ND AVENUE OCALA, FL 34474	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<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: Beth Robinson CEO Beth Robinson 7/12/05 352-671-7952  
Signature and typed or printed name of signing officer or director Date Daytime Phone #