# ANNUAL REPORT

**FILED**
**May 03, 2006 08:00**
**Secretary of Stat**

DOCUMENT # P04000048807

1. Entity Name
MELVIN V. ROBINSON, P.A.

| Principal Place of Business | Mailing Address |
|---|---|
| 1908 SW BEARD ST<br>PORT ST LUCIE, FL 34953 | 1908 SW BEARD ST<br>PORT ST LUCIE, FL 34953 |

04282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1720320
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROBINSON, MELVIN V
1908 SW BEARD ST
PORT ST LUCIE, FL 34953

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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 _____ April 30 06
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

**FILE NOW!!! FEE is $150.00**
**After May 1, 2006 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000560057
05/18/06-80024-014 150.00

| 10. | OFFICERS AND DIRECTORS |
|---|---|
| TITLE | P&TD |
| NAME | ROBINSON, MELVIN V |
| STREET ADDRESS | 818 SW 33RD STREET |
| CITY-ST-ZIP | PALM CITY, FL 34990 |
| TITLE | |
| NAME | |
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| CITY-ST-ZIP | |

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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:** _____ April 30 06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #