

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P04000121153

1. Entity Name

ROBIN SMITH FREEMAN P.A.



Principal Place of Business

P.O. BOX 9007
PANAMA CITY BEACH FL 32417-9007

Mailing Address

P.O. BOX 9007
PANAMA CITY BEACH FL 32417-9007

2. Principal Place of Business - No P.O. Box #

10740 Hutchison Blvd

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Panama City Beach FL
Zip 32407 Country USA

City & State

Zip

Country

4. FEI Number

14-1912778

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FREEMAN, ROBIN S
10740 HUTCHISON BLVD.
PANAMA CITY BEACH FL 32407

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

NAME: FREEMAN, ROBIN S
STREET ADDRESS: P.O. BOX 9007
CITY, ST, ZIP: PANAMA CITY BEACH FL 32417-9007

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME: Change Addition
STREET ADDRESS: Change Addition
CITY, ST, ZIP: Change Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Robin S. Freeman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBIN S. FREEMAN

**FILED
May 04, 2007 8:00 am
Secretary of State**

05-04-2007 90081 042 ***158.75



1st MOORE CR2E034 (10/06)

0424-07

850-319-1112

Daytime Phone #