

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 10, 2005 8:00 am**  
**Secretary of State**

06-10-2005 90047 030 \*\*\*150.00

DOCUMENT # P04000146246

1. Entity Name  
JOSEPH E. ROBINSON III, P.A.



40087730

Principal Place of Business  
1284 US HIGHWAY 1  
ROCKLEDGE, FL 32955

Mailing Address  
1284 US HIGHWAY 1  
ROCKLEDGE, FL 32955

2. Principal Place of Business  
7197 Hammock Lakes  
Suite, Apt. #, etc.

3. Mailing Address  
7195 Hammock Lakes Dr  
Suite, Apt. #, etc.



04282005 Chg-P CR2E034 (10/03)

City & State  
Viera FL  
Zip 32940 Country USA

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Viera FL  
Zip 32940 Country USA

4. FEI Number  
20-1786965  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ROBINSON, JOSEPH E III  
1284 US HIGHWAY 1  
ROCKLEDGE, FL 32955

*[Signature]*

7. Name and Address of New Registered Agent

Name  
Joseph E. Robinson, III  
Street Address (P.O. Box Number is Not Acceptable)  
7197 Hammock Lakes Dr  
City Viera FL Zip Code 32940

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 Joseph E. Robinson III Reg. Agent 4/28/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, JOSEPH E III	
STREET ADDRESS	1284 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIES, MICHAEL P	
STREET ADDRESS	1284 US HIGHWAY 1	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robinson, Joseph E III	
STREET ADDRESS	7197 Hammock Lakes Dr.	
CITY-ST-ZIP	Viera FL 32940	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Davies, Michael P	
STREET ADDRESS	7197 Hammock Lakes Dr	
CITY-ST-ZIP	Viera FL 32940	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Davies, Anita	
STREET ADDRESS	7197 Hammock Lakes Dr	
CITY-ST-ZIP	Viera FL 32940	
TITLE	J	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robinson, Julie A	
STREET ADDRESS	7197 Hammock Lakes Dr	
CITY-ST-ZIP	Viera FL 32940	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* Joseph E. Robinson III 4/28/05 (321) 591-3358  
Signature and typed or printed name of signing officer or director Date Daytime Phone #