

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000161799

FILED
Apr 20, 2005
Secretary of State

Entity Name: SERVICES BY ROBINSON AND PROPERTY MANAGEMENT, INC.

Current Principal Place of Business:

8100 SW 10TH STREET
NORTH LAUDERDALE, FL 33068

New Principal Place of Business:

Current Mailing Address:

8100 SW 10TH STREET
NORTH LAUDERDALE, FL 33068

New Mailing Address:

FEI Number: 20-1980190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROBINSON, JOE N.
8100 SW 10TH STREET
NORTH LAUDERDALE, FL 33068 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROBINSON, JOE
Address: 8100 SW 10TH STREET
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: VP () Delete
Name: ROBINSON, JOYE
Address: 8100 SW 10TH STREET
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: S () Delete
Name: BEE, LILLIE
Address: 1890 NW 5TH WAY
City-St-Zip: POMPANO BEACH, FL 33060

Title: T () Delete
Name: ROBINSON, MARK
Address: 8100 SW 10TH STREET
City-St-Zip: NORTH LAUDERDALE, FL 33068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE N ROBINSON

P

04/20/2005

Electronic Signature of Signing Officer or Director

Date