2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

DOCUMENT # P05000025585 1. Entity Name CHRISTINE R. ROBINSON, PA							05-01-2006	90350 04	43 ***150	0.00		
Principal Place of Business 116 LEISURE DRIVE EAST DAI ATVA EL 22121			11	ing Address 6 LEISURE DRIVE	101			•				
EAST PALATKA, FL 32131 EAST PALATKA, FL 32131					131				 	11 11111 12111 111		
Principal Place of Business 3. Mailing Address				ailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			04262006	Chg-P	CR2E0	34 (11/05)		
City & State				City & State			4. FEI Number	2337703		No	plied For t Applicable	
Zip				Zip Count		try		ol Status Desired	Ч ,	\$8.75 Add Fee Require		
	6. Name a	and Address of Curren	t Registe	red Agent		Name	7. Name and A	Address of New R	egistered A	gent		
ROBINSON, CHRISTINE R 116 LEISURE DRIVE						Street Address (P.O. Box Number is Not Acceptable)						
EAST PALATKA, FL 32131												
						City	City FL Zip Code					
	named entity tions of register	submits this statement red agent.	for the pu	rpose of changing its	register	ed office or regis	istered agent, or both	, in the State of Flo	rida. 1 am f	amiliar with,	and accept	
SIGNATURE	Signature, typed or	r printed name of registered age	nt and title if a	applicable. (NOTI	: Registere	d Agent signature requ	quired when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution												
			.00				\$5.00 May Be Added to Fees					
	ay 1, 2006			Trust Fund Cont			Added to Fees	CHANGES TO OFFI	CERS AND	DIRECTORS	S IN 11	
10.	PST PST	OFFICERS AN		Trust Fund Cont	11.	A	Added to Fees	CHANGES TO OFFI	CERS AND	DIRECTORS Change	S IN 11	
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12. I hereby certify that the information supplied with this fitting 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:

Christing R. Robinson
SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR
CARISTINE R. COSINSON

4/27/2006 (386) 325-456