2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P05000047731 1. Entity Name KIM Q ROBSHAW, P.A. Principal Place of Business Mailing Address 4 CONTERA DRIVE **4 CONTERA DRIVE** ST AUGUSTINE, FL 32080 ST AUGUSTINE, FL 32080 DO NOT WRITE IN THIS SPACE

CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-\$1-ZIP TITLE NAME STREET ADDRESS

FILED Apr 26, 2007 08:00 A Secretary of State

ST AUGUSTIN	NE, FL 32080 S	AUGUSTINE, FL 32080						
C	OO NOT WRITE II	N THIS SPA	CE	03242007 4. FEI Numb 20-260	No Chg-P	CR2E034 (11	/05) Applied For Not Applicable 5 Additional	
	6. Name and Address of Current Regis	tered Agent		·			•	
ROBSHAW, KIM Q 4 CONTERA DRIVE ST AUGUSTINE, FL 32080				DO NOT WRITE IN THIS SPACE				
the obligat	named entity submits this statement for the piions of registered agent.	ourpose of changing its registere	ed office or re	egistered agent, or b	oth, in the State of Flo	orida. I am familiar	with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable (NQTE: Registered	d Agent signature	required when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			ncing	\$5.00 May Be Added to Fees	\$5.00 May Be Added to Fees 05/09/07-80085-014 150.00			
10.	OFFICERS AND DIREC	CTORS		٠.				
TITLE NAME STREET ADDRESS CITY-S1-ZIP	PRES ROBSHAW, KIM Q 4 CONTERA DRIVE ST AUGUSTINE, FL 32080		,					
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		,	DO	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•			IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				·				
TITLE			1					

CITY-ST-ZIP 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: ✓	KO-	Robsheim	Kim	Q
		YPED OR PRINTED NAME OF SIGNIN	G OFFICER OR DIREC	TOF

KIM Q. RUBSHAW

/421-07 904-669-0349