

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000076614

Entity Name: CHERYL ROBINSON, P.A.

FILED
Feb 06, 2007
Secretary of State

Current Principal Place of Business:

4904 VINCENNES ST.
#103
CAPE CORAL, FL 33904 US

Current Mailing Address:

4904 VINCENNES ST.
#103
CAPE CORAL, FL 33904 US

New Principal Place of Business:

2023 SW 52ND ST.
CAPE CORAL, FL 33914 US

New Mailing Address:

2023 SW 52ND ST.
CAPE CORAL, FL 33914 US

FEI Number: 20-2902936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, CHERYL K
4904 VINCENNES ST.
#103
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

ROBINSON, CHERYL K
2023 SW 52ND ST.
CAPE CORAL, FL 33914 US

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: CHERYL ROBINSON

02/06/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: ROBINSON, CHERYL K
Address: 4904 VINCENNES ST. #103
City-St-Zip: CAPE CORAL, FL 33904 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: ROBINSON, CHERYL K
Address: 2023 SW 52ND ST.
City-St-Zip: CAPE CORAL, FL 33914 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CHERYL ROBINSON

PVST

02/06/2007

Electronic Signature of Signing Officer or Director

Date