FILED May 05, 2008 8:00 am Secretary of State

2008 FOR PROFIT CORPORATION 04-10-2008 90018 033 ***150.00 ANNUAL REPORT **DOCUMENT # P07000039341** 1. Entity Name H. D. ROBUCK, JR., P.A. Principal Place of Business Mailing Address 610 E. MAIN STREET 610 E. MAIN STREET 66009761 LEESBURG, FL 34748 LEESBURG, FL 34748 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #. etc. Suite, Apt. #, etc. 01072008 Chg-P CR2E034 (12/06) 4. FEI Number 20-8745902 City & State City & State Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent ROBUCK, H. D JR. Street Address (P.O. Box Number is Not Acceptable) 610 E MAIN STREET LEESBURG, FL 34748 Zip Code 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 SIGNATURE. Signature, typed or pinted name of registered agent and title if applicable (NOTE: Recistared Aperti signature regulard when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. П OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. TITLE Delete TITLE ☐ Addition ROBUCK, H. D JR. NAME NAME STREET ADDRESS 610 E. MAIN STREET STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34748 CITY-ST-ZIP TITE F HTLE ☐ Delete ☐ Change Addition ROBUCK, H. D JR. NAME STREET ADDRESS 610 E. MAIN STREET STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34748 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ; ☐ Change Addition IM F TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME MAME STREET ADORESS STREET ACCRESS CITY-SI-ZIP 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: __\

SEGNATURE AND TYPED ON PROPER NAME OF BRINING OFFICER

03/26/08

352-314-3177

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