## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P94000043326

1. Entity Name ROBERT M. PAINE, P.A.

FILED Feb 11, 2008 08:00 Al Secretary of State

Principal Place of Business

274 W CENTRAL AVE WINTER HAVEN, FL 33880

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Mailing Address

274 W CENTRAL AVE SUITE C AND E WINTER HAVEN, FL 33880

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| DO  | NOT | WRITE  | IAI | THIS | SDAC | <b>`</b> E |
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02072008 No Chg-P CR2

CR2E034 (11/05)

4. FEI Number 59-3255162

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAINE, ROBERT M 274 W CENTRAL AVE SUITE E WINTER HAVEN, FL 33880

## DO NOT WRITE IN THIS SPACE

| 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 the obligations of registered agent. |  |      |           |                                |   |  |  |  |  |
|---|--|------|-----------|--------------------------------|---|--|--|--|--|
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agreture required when reinstating).  DATE  |  |      |           |                                |   |  |  |  |  |
| FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.   |  |      | Financing | \$5.00 May Be<br>Added to Fees |   |  |  |  |  |
| 10.   | OFFICERS AND DIREC   | TORS |           | <del></del>                    |   |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | PST PAINE, ROBERT M 274 W CENTRAL AVE WINTER HAVEN, FL 33880 |      |           |                                | Haaaaaaaace                               |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |      |           |                                | U00000824065<br>02/20/08-80063-005 150.00 |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |      |           | DO                             | NOT WRITE                                 |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP   |  |      |           | IN T                           | THIS SPACE                                |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |      |           |                                |   |  |  |  |  |
| TITLE NAME STREET ADDRESS CHY-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/200 8

Daytime Phone #