

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000043952

1. Entity Name  
DEE ROBINSON INTERIORS, INC.



Principal Place of Business  
3000 NE 30TH PLACE  
405  
FT. LAUDERDALE, FL 33306 US

Mailing Address  
3000 NE 30TH PLACE  
405  
FT. LAUDERDALE, FL 33306 US



02132007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0497656

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

HODGES, PERRY W JR.  
1401 E. BROWARD BLVD  
FORT LAUDERDALE, FL 33301

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DCP  
ROBINSON, DEE  
3000 NE 30TH PLACE SUITE#405  
FT LAUDERDALE, FL 33306

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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000000638087  
02/27/07-80016-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

DEE ROBINSON

Date

2/13/07 954 26-2252

Daytime Phone #