


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90051 038 \*\*\*150.00

<b>DOCUMENT # P94000063287</b>		
1. Entity Name LAW OFFICES OF LOUIS F. ROBINSON, III PROFESSIONAL ASSOCIATION		

Principal Place of Business 3250 PGA BLVD 2ND FLR PALM BEACH GARDENS, FL 33410 US	Mailing Address 3250 PGA BLVD 2ND FLR PALM BEACH GARDENS, FL 33410 US
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**44004058**

2. Principal Place of Business 1201 U.S. Highway One Suite, Apt. #, etc. Suite 210	3. Mailing Address 1201 U.S. Highway One Suite, Apt. #, etc. Suite 210
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01072004 Chg-P CR2E034 (10/03)

City & State North Palm Beach, FL	City & State North Palm Beach, FL	4. FEI Number 65-0516161	Applied For Not Applicable
Zip 33408	Country US	Zip 33408	Country US

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

6. Name and Address of Current Registered Agent ROBINSON, LOUIS F III 3250 PGA BLVD 2ND FLR PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1201 U.S. Highway One, Suite 210 City North Palm Beach FL Zip Code 33408	
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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:  DATE: 1-22-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS ROBINSON, LOUIS F 3250 PGA BLVD 2ND FLR PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1201 U.S. Highway One, Suite 210 North Palm Beach, Florida 33408 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: 1-22-04 DAYTIME PHONE #: 561 659 6100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR