


**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90039 016 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P96000028906</b> 1. Entity Name <b>ROBUCK, DAVIS, KIRSTE &amp; SAHAB, P.A.</b>	
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Principal Place of Business <b>610 E. MAIN STREET          LEESBURG, FL 34748</b>	Mailing Address <b>610 E. MAIN STREET          LEESBURG, FL 34748</b>
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40017386



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02102005    Chg-P    CR2E034 (10/03)

4. FEI Number <b>59-3370071</b>	Applied For Not Applicable
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5. Certificate of Status Desired        **\$8.75** Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  ROBUCK, H D JR 610 E. MAIN STREET LEESBURG, FL 34748	<b>7. Name and Address of New Registered Agent</b> Name <b>Hugh A. Davis II</b> Street Address (P.O. Box Number is Not Acceptable) <b>610 E. Main Street</b> City <b>Leesburg</b> <b>FL</b> Zip Code <b>34748</b>
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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:     **Hugh A. Davis II**    **February 10, 2005**  
Signature, typed or printed name of registered agent, as applicable.    (NOTE: Registered Agent signature required when reinstating)    DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBUCK, H D JR 610 E. MAIN STREET LEESBURG, FL 34748	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hugh A. Davis II 610 E. Main Street Leesburg, FL 34748
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D M. Meredith Kirste 610 E. Main Street Leesburg, FL 34748
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sami J. Sahab 610 E. Main Street Leesburg, FL 34748
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<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)(i), 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:     **February 10, 2005**    352    326-3455  
Signature and typed or printed name of signing officer or director    Date    Daytime Phone #