


**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

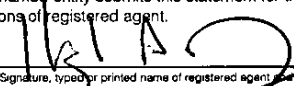
02102005    Chg-P    CR2E034 (10/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>ROBUCK, H D JR          610 E. MAIN STREET          LEESBURG, FL 34748</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>	

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

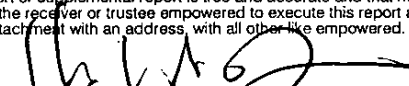
SIGNATURE:     **Hugh A. Davis II**    **February 10, 2005**

Signature, typed or printed name of registered agent, as applicable.    (NOTE: Registered Agent signature required when reinstating)    DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D ROBUCK, H D JR <input checked="" type="checkbox"/> Delete	TITLE	D Hugh A. Davis II <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBUCK, H D JR	NAME	Hugh A. Davis II
STREET ADDRESS	610 E. MAIN STREET	STREET ADDRESS	610 E. Main Street
CITY-ST-ZIP	LEESBURG, FL 34748	CITY-ST-ZIP	Leesburg, FL 34748
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	M. Meredith Kirste
STREET ADDRESS		STREET ADDRESS	610 E. Main Street
CITY-ST-ZIP		CITY-ST-ZIP	Leesburg, FL 34748
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Sami J. Sahab
STREET ADDRESS		STREET ADDRESS	610 E. Main Street
CITY-ST-ZIP		CITY-ST-ZIP	Leesburg, FL 34748
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:     **Hugh A. Davis II**    **February 10, 2005**    352    326-3455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #