


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

02-14-2005 90039 016 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

| | |
|--|---|
| DOCUMENT # P96000028906 1. Entity Name ROBUCK, DAVIS, KIRSTE & SAHAB, P.A. |  |
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| Principal Place of Business 610 E. MAIN STREET LEESBURG, FL 34748 | Mailing Address 610 E. MAIN STREET LEESBURG, FL 34748 |
|--|--|

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)

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|------------------------------------|-------------------------------|
| 4. FEI Number 59-3370071 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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

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|--|--|
| 6. Name and Address of Current Registered Agent ROBUCK, H D JR 610 E. MAIN STREET LEESBURG, FL 34748 | 7. Name and Address of New Registered Agent Name <u>Hugh A. Davis II</u> Street Address (P.O. Box Number is Not Acceptable) <u>610 E. Main Street</u> City <u>Leesburg</u> <u>FL</u> <u>34748</u> |
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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: [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 <input checked="" type="checkbox"/> Delete 610 E. MAIN STREET LEESBURG, FL 34748 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Hugh A. Davis II 610 E. Main Street Leesburg, FL 34748 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition M. Meredith Kirste 610 E. Main Street Leesburg, FL 34748 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sami J. Sahab 610 E. Main Street Leesburg, FL 34748 |
| 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 |

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: [Signature] **February 10, 2005** **352 326-3455**
Signature and typed or printed name of signing officer or director Date Daytime Phone #