

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90063 017 ***150.00

DOCUMENT # P97000085694

1. Entity Name

LAW OFFICE OF RUSS E. ROBBINS, P.A.



Principal Place of Business

370 WEST CAMINO GARDENS BLVD. #210
BOCA RATON FL 33432

Mailing Address

370 WEST CAMINO GARDENS BLVD. #210
BOCA RATON FL 33432

00009867



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

33 S.E. 5TH STREET

3. Mailing Address

33 S.E. 5TH STREET

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33432

Country

Zip

33432

Country

4. FEI Number

65-0786231

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBBINS, RUSS E
370 WEST CAMINO GARDENS BLVD. #210
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

ROBBINS, RUSS E

Street Address (P.O. Box Number is Not Acceptable)

33 S.E. 5TH STREET, SUITE 201

City

BOCA RATON

FL

Zip Code

33432

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

RUSS E. ROBBINS

President

1/28/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ROBBINS, RUSS E	
STREET ADDRESS	370 W CAMINO GARDENS BLVD, SUITE 210	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robbins, RUSS E	
STREET ADDRESS	33 SE 5 TH STREET, SUITE 201	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUSS E. ROBBINS

Date

1/28/05

Daytime Phone #

561-362-5215