


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000068066 1. Entity Name ROBERT & ANNIE INVESTMENTS, INC.	
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Principal Place of Business 4120 STAFFORDSHIRE DR. LAKELAND, FL 33809	Mailing Address 4120 STAFFORDSHIRE DR. LAKELAND, FL 33809
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DO NOT WRITE IN THIS SPACE



01182006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3588678	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LEE, SHIANSHYAN 4120 STAFFORDSHIRE DR. LAKELAND, FL 33809
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000407723 02/08/06-80032-013 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, SHIANSHYAN 4120 STAFFORDSHIRE DR. LAKELAND, FL 33809
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Shian-shyan Lee 1-28-06 838-2198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #