2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000082545

1. Entity Name
ROBIN A. SNIPES, P.A.

Principal Place of Business	Mailing Address
1834 CHERRY ST JACKSONVILLE, FL 32205	1834 CHERRY ST JACKSONVILLE, FL 32205

04012005   No Chg-P   CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3598646	Not Applicable

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

6. Name and Address of Current Registered Agent

SNIPES, ROBIN A
1834 CHERRY ST
JACKSONVILLE, FL 32205

DO NOT WRITE
IN THIS SPACE

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

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

TITLE	PDT
NAME	SNIPES, ROBIN A
STREET ADDRESS	1834 CHERRY ST.
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	VSD
NAME	SMITH, LAYNE M JR.
STREET ADDRESS	1834 CHERRY ST
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000287625
04/04/05-80078-002 150.00

DO NOT WRITE
IN THIS SPACE

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: _Robin A. Snipes_   3/31/05   904-388-3522

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