


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000088305**  
 1. Entity Name  
 ROBERT NEEDLE, P.A.



Principal Place of Business      Mailing Address  
 5201 VILLAGE BOULEVARD      5201 VILLAGE BOULEVARD  
 WEST PALM BEACH, FL 33407      WEST PALM BEACH, FL 33407

**DO NOT WRITE IN THIS SPACE**



01102005    No Chg-P    CR2E034 (10/03)

4. FEI Number 65-0958820	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 NEEDLE, ROBERT  
 5201 VILLAGE BLVD  
 WEST PALM BEACH, FL

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY - ST - ZIP	DP NEEDLE, ROBERT 5201 VILLAGE BOULEVARD WEST PALM BEACH, FL 33407
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 02/14/05-80071-011 150.00

**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)(f), 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 power-like empowered.

**SIGNATURE:** \_\_\_\_\_ **1/10/05 50687-1901**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #