


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90064 045 \*\*\*150.00

<b>DOCUMENT # 136678</b>					
1. Entity Name ROBBINS MANUFACTURING COMPANY					
Principal Place of Business 13001 N NEBRASKA AVE TAMPA, FL 33612-4456 US			Mailing Address PO BOX 17939 TAMPA, FL 33682-7939 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04072008 Chg-P CR2E034 (12/06)	
4. FEI Number 59-0424645		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROBBINS, II, JEROME 9 13001 N NEBRASKA AVE TAMPA, FL 33612			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWN, WILLIAM E JR	NAME			
STREET ADDRESS	11615 CARROLLWOOD DR	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33618	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOWZE, THOMAS A	NAME			
STREET ADDRESS	13001 N NEBRASKA AVE	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33612	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCOTT, BRYANT	NAME			
STREET ADDRESS	760 STURGIS WAY	STREET ADDRESS			
CITY-ST-ZIP	ALPHARETTA, GA 30022	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HALL, LAURENCE W JR	NAME			
STREET ADDRESS	3003 VILLA ROSA	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL	CITY-ST-ZIP			
TITLE	SVD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROBBINS, II, JEROME	NAME			
STREET ADDRESS	3413 MULLEN AVE	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33609	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COTANDA, DIONEL	NAME			
STREET ADDRESS	3320 WEST OSBORNE AVE	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33614	CITY-ST-ZIP			
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: <i>L. W. Hall, Jr.</i> LAURENCE W. HALL JR. 4/08/08 813-971-3030					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					