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Secretary of State

03-15-2006 90106 001 ***158.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K70207

1. Entity Name
ROBACH, INC.

66008578

03012006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
C/O H. D. HOLSOMBACH P O BOX 470262 LAKE MONROE, FL 32747	C/O H. D. HOLSOMBACH 1285 W. LANGLEY COURT HEATHROW, FL 32746

2. Principal Place of Business	3. Mailing Address
511 Central Park Dr	PO Box 470262
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sanford FL	City & State: Lake Monroe FL
Zip: 32771 Country: Seminole	Zip: 32747 Country: Seminole

4. FEI Number: 59-2936861 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOLSOMBACH, BEVERLY
604 HERON PT WAY
DELAND, FL 32724

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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: Beverly A Holsombach
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY ST ZIP	PD HOLSOMBACH, BEVERLY 604 HERON PT WAY DELAND, FL 32724	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Beverly A Holsombach 3/30/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #