2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 02, 2005 8:00 am
Secretary of State

04-26-2005 90134 044 ***150.00

DOCUMENT # P04000017237

1. Entity Name

TIM A. ROBINSON, INC.

Principal Place of Business	Mailing Address
6219 ROCKINGHORSE ROAD JUPITER FL 33458	6219 ROCKINGHORSE ROAD JUPITER FL 33458

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
6219 Rocking Horse Rd	6219 Rocking Horse Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jupiter FLA	City & State: Jupiter FLA
Zip: 33458 Country: Palm Beach	Zip: 33458 Country: P.B

4. FEI Number: 80-0099165 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROBINSON, TIM A
6219 ROCKINGHORSE ROAD
JUPITER FL 33458

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 Tim Robinson 4-20-05

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
Make Check Payable to Florida Department of State

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	P ROBINSON, TIM A 6219 ROCKINGHORSE ROAD JUPITER FL 33458	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: Tim Robinson 4-20-05

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