

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000082210

1. Entity Name
ROBLIN MANAGEMENT, INC.



Principal Place of Business
6609 JENNIFER DR.
TEMPLE TERR., FL 33617

Mailing Address
6609 JENNIFER DR.
TEMPLE TERR., FL 33617



01272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3667323

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROPIZA, LINDA
6609 JENNIFER DR
TEMPLE TERRACE, FL 33617

**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 PD
NAME ROPIZA, LINDA
STREET ADDRESS 6609 JENNIFER DR.
CITY-ST-ZIP TEMPLE TERR., FL 33617

TITLE V
NAME ROPIZA, ROBERT
STREET ADDRESS 6609 JENNIFER DR.
CITY-ST-ZIP TEMPLE TERR., FL 33617

TITLE
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000000213917
02/03/05-80092-008 150.00

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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 other like empowered.

SIGNATURE:

Linda Ropiza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-05

813263-2627

Date

Daytime Phone #

LINDA ROPIZA