## 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H22195

Entity Name: ROBIN SHEPHERD STUDIOS, INC.

## **Current Principal Place of Business:**

1301 RIVERPLACE BLVD SUITE 1100 JACKSONVILLE, FL 32207

## **Current Mailing Address:**

1301 RIVERPLACE BLVD SUITE 1100 JACKSONVILLE, FL 32207 US

## FEI Number: 59-2492689

#### Name and Address of Current Registered Agent:

BRANT, REITER, MCCORMICK & JOHNSON, PA 135 WEST BAY STREET SUITE 400 JACKSONVILLE, FL 32202 US

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,

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SIGNATURE	I JAN MCCORMICK			04/04/2018
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	VP	Title	CHAIRMAN	
Name	SCHIFANELLA, THOMAS	Name	SHEPHERD, ROBIN W	
Address	20 17TH ST	Address	2077 BEACH AVE	
City-State-Zip:	ATLANTIC BCH FL 32233	City-State-Zip:	ATLANTIC BEACH FL 32233	
Title	CFO	Title	PRESIDENT	
Name	HITE , JEFFREY A	Name	RUSSELL, MICHAEL T	
Address	1055 EAST COAST DRIVE	Address	1501 MILLBROOK CT	
City-State-Zip:	ATLANTIC BEACH FL 32233	City-State-Zip:	FLEMING ISLAND FL 32003	
Title	VP			
Name	GUIRY, MICHAEL J			
Address	2222 TWIN PINES CIRCLE N			
City-State-Zip:	JACKSONVILLE FL 32246			

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

CFO

#### SIGNATURE: JEFFREY A. HITE

Electronic Signature of Signing Officer/Director Detail

# FILED Apr 04, 2018 Secretary of State CC0232683254

Certificate of Status Desired: No

04/04/2018 Date