

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000043091

Entity Name: ROB, INC.**Current Principal Place of Business:**2501 INVESTORS ROW
SUITE 800
ORLANDO, FL 32837**Current Mailing Address:**4531 OAK FAIR BLVD
TAMPA, FL 33610**FEI Number:** 59-3393313**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BENFIELD, ROBERT
4531 OAK FAIR BLVD
TAMPA, FL 33610 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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	GIBSON, RUTH L
Address	22944 JACOBSON ROAD
City-State-Zip:	BROOKSVILLE FL 34601

Title	PRES
Name	BENFIELD, ROBERT M
Address	6416 NORTH GOMEZ AVENUE
City-State-Zip:	TAMPA FL 33614

Title	TRES
Name	GIBSON, RUTH L
Address	22944 JACOBSON RD
City-State-Zip:	BROOKSVILLE FL 34601

Title	VP
Name	DOWNES, NICHOLAS J
Address	15007 MORGAN LANE
City-State-Zip:	BROOKSVILLE FL 34601

Title	CEO
Name	DOWNES, NICHOLAS J
Address	15007 MORGAN LN
City-State-Zip:	BROOKSVILLE FL 34601

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.

SIGNATURE: RUTH L GIBSON**DIRECTOR****01/21/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date