
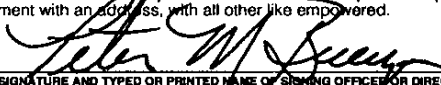


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90047 025 ***150.00

DOCUMENT # 501158 1. Entity Name ROBINSON FANS FLORIDA, INC.					
Principal Place of Business 3955 DRANE FIELD RD LAKELAND, FL 33811			Mailing Address 3955 DRANE FIELD RD. P.O. BOX 6260 LAKELAND, FL 33807 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BERINGER, PETER M 3955 DRANE FIELD RD LAKELAND, FL 33803			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUTZWILLER, H LESLIE		NAME		
STREET ADDRESS	ROBINSON DR		STREET ADDRESS		
CITY-ST-ZIP	ZELIENOPLE, PA		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERINGER, PETER		NAME		
STREET ADDRESS	3955 DRANE FIELD RD		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33811		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARBURGER, V RONALD		NAME		
STREET ADDRESS	ROBINSON DR		STREET ADDRESS		
CITY-ST-ZIP	ZELIENOPLE, PA		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AL LOPEZ R JR		NAME		
STREET ADDRESS	4600 W CYPRESS ST STE 500		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP		
TITLE	EXEV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARL, STAIBLE		NAME		
STREET ADDRESS	ROBINSON DR		STREET ADDRESS		
CITY-ST-ZIP	ZELIENOPLE, PA		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENDERSON, JAYW		NAME	VP Henderson, Jay W	
STREET ADDRESS	ROBINSON DR		STREET ADDRESS	Robinson Dr	
CITY-ST-ZIP	ZELIENOPLE, PA		CITY-ST-ZIP	Zelienople, PA	
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: 			Date: 2/15/05 Daytime Phone #: 863-646-5270		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					