

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

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**



01122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1720058

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BERINGER, PETER M
3955 DRANEFIELD RD
LAKELAND, FL 33803**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	GUTZWILLER, H LESLIE
STREET ADDRESS	ROBINSON DR
CITY-ST-ZIP	ZELIENOPLE, PA
TITLE	P
NAME	BERINGER, PETER
STREET ADDRESS	3955 DRANE FIELD RD
CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	T
NAME	MARBURGER, V RONALD
STREET ADDRESS	ROBINSON DR
CITY-ST-ZIP	ZELIENOPLE, PA
TITLE	S
NAME	AL, LOPEZ R JR
STREET ADDRESS	4600 W CYPRESS ST STE 500
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	EXEV
NAME	CARL, STAIBLE
STREET ADDRESS	ROBINSON DR
CITY-ST-ZIP	ZELIENOPLE, PA
TITLE	VS
NAME	HENDERSON, JAY W
STREET ADDRESS	ROBINSON DR
CITY-ST-ZIP	ZELIENOPLE, PA

U00000613254
02/05/07-80031-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/07

863 646-5270