

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2005 8:00 am
Secretary of State

06-29-2005 90002 044 ***550.00

DOCUMENT # 854180

1. Entity Name
THE ROBINS CORPORATION



Principal Place of Business
**400 SHADES CREEK PWY
SUITE 200
BIRMINGHAM, AL 35209 US**

Mailing Address
**P.O BOX 59289
BIRMINGHAM, AL 35259 US**

50054049



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06222005 Chg-P CR2E034 (10/03)

4. FEI Number
63-0691152

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME MORTOW, BILL
STREET ADDRESS 400 SHADES CREEK PKWY STE 200
CITY-ST-ZIP BIRMINGHAM, AL 35209

TITLE **John Conner, CFO** ☐ Change ☒ Addition
NAME **400 shades Creek Pkwy, Ste 200**
STREET ADDRESS **Birmingham AL 35209**
CITY-ST-ZIP

TITLE TS ☐ Delete
NAME GORDON, WAYNE
STREET ADDRESS 400 SHADES CREEK PKWY STE 200
CITY-ST-ZIP BIRMINGHAM, AL 35209

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME GAMBRELL, ROBERT
STREET ADDRESS 400 SHADES CREEK PKWY STE 200
CITY-ST-ZIP BIRMINGHAM, AL 35209

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SMITH, DOUG
STREET ADDRESS 400 SHADES CREEK PKWY STE 200
CITY-ST-ZIP BIRMINGHAM, AL 35209

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HOLTON, TOM
STREET ADDRESS 400 SHADES CREEK PKWY STE 200
CITY-ST-ZIP BIRMINGHAM, AL 35209

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BRETZ, BART
STREET ADDRESS 400 SHADES CREEK PKWY STE 200
CITY-ST-ZIP BIRMINGHAM, AL 35209

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Julie K. Simmons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05 205-439-8601
Date Daytime Phone #