

**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 PKWY SUITE 200 BIRMINGHAM, AL 35209 US	Mailing Address P.O BOX 59289 BIRMINGHAM, AL 35259 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State N/A	City & State N/A
Zip	Country

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	
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06222005 Chg-P CR2E034 (10/03)

4. FEI Number 63-0691152	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
7. Name and Address of New Registered Agent 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 reconstituting) DATE _____

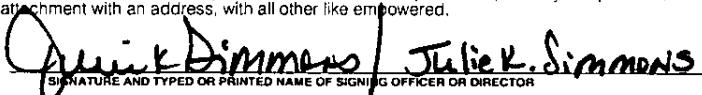
**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MORTOW, BILL 400 SHADES CREEK PKWY STE 200 BIRMINGHAM, AL 35209	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS GORDON, WAYNE 400 SHADES CREEK PKWY STE 200 BIRMINGHAM, AL 35209	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAMBRELL, ROBERT 400 SHADES CREEK PKWY STE 200 BIRMINGHAM, AL 35209	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, DOUG 400 SHADES CREEK PKWY STE 200 BIRMINGHAM, AL 35209	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLTON, TOM 400 SHADES CREEK PKWY STE 200 BIRMINGHAM, AL 35209	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRETZ, BART 400 SHADES CREEK PKWY STE 200 BIRMINGHAM, AL 35209	<input type="checkbox"/> Delete	TITLE 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 4/25/05 205-439-8601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #