

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # H67289	
1. Entity Name ROBBINS INVESTMENTS, INC.	

Principal Place of Business GAINESVILLE HEARING AID 1003 NW 23RD AVE. GAINESVILLE FL 32609-497 US	Mailing Address GAINESVILLE HEARING AID 1003 NW 23RD AVE GAINESVILLE FL 32609-497 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State	City & State	4. FEI Number 59-2562200	Applied For ☐ Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROBBINS, GREGORY L 1003 NW 23RD AVE GAINESVILLE FL 32609	
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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. (If OFFERED Registered Agent sign form required when submitting) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

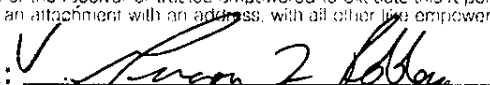
9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution ☐ Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PSTD ☐ Delete
NAME	ROBBINS, GREGORY L.
STREET ADDRESS	7308 NW STATE ROAD 45
CITY- ST- ZIP	HIGH SPRINGS FL 32643
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000815290
02/14/08-80003-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 line empowered.

SIGNATURE:  2/1/08 352-376-0095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Printing Name #