

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H67289

FILED
Mar 02, 2009
Secretary of State

Entity Name: ROBBINS INVESTMENTS, INC.

Current Principal Place of Business:

GAINESVILLE HEARING AID
1003 NW 23RD AVE.
GAINESVILLE, FL 32609497 US

New Principal Place of Business:

GAINESVILLE HEARING AID
1003 NW 23RD AVE.
GAINESVILLE, FL 326093442 US

Current Mailing Address:

GAINESVILLE HEARING AID
1003 NW 23RD AVE
GAINESVILLE, FL 32609497 US

New Mailing Address:

GAINESVILLE HEARING AID
1003 NW 23RD AVE
GAINESVILLE, FL 326093442 US

FEI Number: 59-2562200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBBINS, GREGORY L
1003 NW 23RD AVE
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: ROBBINS, GREGORY L.,
Address: 7308 NW STATE ROAD 45
City-St-Zip: HIGH SPRINGS, FL 32643

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY L. ROBBINS

PSTD

03/02/2009

Electronic Signature of Signing Officer or Director

Date