


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 24, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # J84068</b> 1. Entity Name BARR ROBIN, INC.		
Principal Place of Business 604 N. OSCEOLA AVE. CLEARWATER, FL 33755	Mailing Address 604 N. OSCEOLA AVE. CLEARWATER, FL 33755	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  ROSS, COURTNEY D. 604 N. OSCEOLA AVE. CLEARWATER, FL 33755		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSS, COURTNEY D. 604 N OSCEOLA AVE. CLEARWATER, FL 33755	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HARRIS, CHARLES C. 2840 W. BAY DR. #215 BELLEAIR BLUFFS, FL 33770	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Courtney D Ross Pres Courtney D Ross Pres</u> 4/12/06 727 7091091 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04072006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1146523	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

U00000534146  
05/06/06-80149-016 158.75

**DO NOT WRITE  
IN THIS SPACE**