

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90262 018 ***150.00

DOCUMENT # L27938

1. Entity Name
ROBBINS ENGINEERING, INC.



Principal Place of Business
10500 UNIVERSITY CENTER DR
#140
TAMPA, FL 33612 US

Mailing Address
P O BOX 280055
P.O. BOX 280055
TAMPA, FL 33682 US

40027183



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-2981058

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROBBINS, CHARLES M
13001 N NEBRASKA AVE.
TAMPA, FL 33612

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 \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DC
NAME HALL, LAURENCE W. JR. ☐ Delete
STREET ADDRESS 13001 N. NEBRASKA AVENUE
CITY-ST-ZIP TAMPA, FL

TITLE DP
NAME COTANDA, DIONEL ☐ Delete
STREET ADDRESS 13025 N. NEBRASKA AVE.
CITY-ST-ZIP TAMPA, FL

TITLE DST
NAME ALBANI, THOMAS A. ☐ Delete
STREET ADDRESS 13025 N. NEBRASKA AVE.
CITY-ST-ZIP TAMPA, FL

TITLE D
NAME ROBBINS, CHARLES M ☐ Delete
STREET ADDRESS 2930 HAWTHORNE
CITY-ST-ZIP TAMPA, FL 33611

TITLE V
NAME BROWN, WILLIAM E JR. ☐ Delete
STREET ADDRESS 11615 CARROLLWOOD DR.
CITY-ST-ZIP TAMPA, FL 33618

TITLE V
NAME SORDO, ARTURO ☐ Delete
STREET ADDRESS 4302 HARBOUR HOSUE DR.
CITY-ST-ZIP TAMPA, FL 33615

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 S
STREET ADDRESS
CITY-ST-ZIP

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #