

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90139 022 ***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 33602 US

50006979



2. Principal Place of Business

6904 PARKS EAST BLVD
Suite, Apt. #, etc.

3. Mailing Address

6904 PARKS EAST BLVD
Suite, Apt. #, etc.

02222006 Chg-P CR2E034 (11/05)

City & State

TAMPA FL
Zip 33556 Country Hills

City & State

TAMPA FL
Zip 33556 Country Hills

4. FEI Number
59-2981058

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 role if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	<input type="checkbox"/> Delete
NAME	HALL, LAURENCE W. JR.	
STREET ADDRESS	13001 N. NEBRASKA AVENUE	
CITY ST ZIP	TAMPA, FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	COTANDA, DIONEL	
STREET ADDRESS	13025 N. NEBRASKA AVE.	
CITY ST ZIP	TAMPA, FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALBANI, THOMAS A.	
STREET ADDRESS	13025 N. NEBRASKA AVE.	
CITY ST ZIP	TAMPA, FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ROBBINS, CHARLES M	
STREET ADDRESS	2930 HAWTHORNE	
CITY ST ZIP	TAMPA, FL 33611	
TITLE	V	<input type="checkbox"/> Delete
NAME	BROWN, WILLIAM E JR.	
STREET ADDRESS	11615 CARROLLWOOD DR.	
CITY ST ZIP	TAMPA, FL 33618	
TITLE	V	<input type="checkbox"/> Delete
NAME	SORDO, ARTURO	
STREET ADDRESS	4302 HARBOUR HOSUE DR.	
CITY ST ZIP	TAMPA, FL 33615	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

John Carroll John Carroll

2-22-06

813-972-1135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #