2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000033102

1. Entity Name
TINA M. ROBBINS, P.A.

Principal Place of Business	Mailing Address
*520 E STRAWBRIDGE AVE MELBOURNE, FL 32901	520 E STRAWBRIDGE AVE MELBOURNE, FL 32901

4000003

01212005   No Chg-P   CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For
65-0996899		Not Applicable

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

6. Name and Address of Current Registered Agent

ROBBINS, JERRY
6484 NW 20TH COURT
MARGATE, FL 33063

**DO NOT WRITE
IN THIS SPACE**

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 1/21/05

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROBBINS, TINA M
STREET ADDRESS	~~1101 WEST HIBISCUS BLVD., STE 200~~
CITY-ST-ZIP	~~MELBOURNE, FL 32901~~

TITLE	
NAME	520 E. Strawbridge Ave
STREET ADDRESS	Melbourne, FL 32901 (TMR)
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 1/21/05   Daytime Phone # 321956
6005