2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000045326

1. Entity Name
FRANK ROBBINS, INC.

54014531

Principal Place of Business	Mailing Address
5045 POSTELL DRIVE	5045 POSTELL DRIVE
HOLIDAY, FL 34690	HOLIDAY, FL 34690

DO NOT WRITE IN THIS SPACE

01272004   No Chg-P   CR2E034 (10/03)

4. FEI Number
59-3645442

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROBBINS, FRANK
5045 POSTELL DRIVE
HOLIDAY, FL 34690

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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

FILE NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	ROBBINS, FRANK
STREET ADDRESS	5045 POSTELL DRIVE
CITY-ST-ZIP	HOLIDAY, FL 34690

TITLE	
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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: _Frank Robbins_   FRANK ROBBINS, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #