

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90077 009 \*\*\*150.00

**DOCUMENT # P00000045326**

**1. Entity Name**  
**FRANK ROBBINS, INC.**



**Principal Place of Business**  
5045 POSTELL DRIVE  
HOLIDAY, FL 34690

**Mailing Address**  
5045 POSTELL DRIVE  
HOLIDAY, FL 34690



03012005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**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

**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** \_\_\_\_\_

**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**

|                       |                    |
|-----------------------|--------------------|
| <b>TITLE</b>          | D                  |
| <b>NAME</b>           | ROBBINS, FRANK     |
| <b>STREET ADDRESS</b> | 5045 POSTELL DRIVE |
| <b>CITY-ST-ZIP</b>    | HOLIDAY, FL 34690  |
| <b>TITLE</b>          |                    |
| <b>NAME</b>           |                    |
| <b>STREET ADDRESS</b> |                    |
| <b>CITY-ST-ZIP</b>    |                    |
| <b>TITLE</b>          |                    |
| <b>NAME</b>           |                    |
| <b>STREET ADDRESS</b> |                    |
| <b>CITY-ST-ZIP</b>    |                    |
| <b>TITLE</b>          |                    |
| <b>NAME</b>           |                    |
| <b>STREET ADDRESS</b> |                    |
| <b>CITY-ST-ZIP</b>    |                    |
| <b>TITLE</b>          |                    |
| <b>NAME</b>           |                    |
| <b>STREET ADDRESS</b> |                    |
| <b>CITY-ST-ZIP</b>    |                    |

**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:** Frank Robbins  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 1 2005 727-938-5453  
Date Daytime Phone #

FRANK ROBBINS, PRES