2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Jan 31, 2006 08:00 AM DOCUMENT # P00000067444 **Secretary of State** ROBIN'S BIKES & FITNESS, INC. Principal Place of Business Mailing Address 11275 W. EMERALD COAST PKWY, STE. 6 MARIMAR BEACH FL 32550 11275 W. EMERALD COAST PKWY, STE. 6 MARIMAR BEACH FL 32550 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-3655011 Not Applicat Country Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent WILKES, ROBIN Street Address (P.O. Box Number is Not Acceptable) 11275 W. EMERALD COAST PKWY, STE. 6 MARIMAR BEACH FL 32550 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May E After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change 717) F ☐ Delete NAME NAME SMALLEY, DALLAS W JR U000004110**10** 02/03/06-800\$\$-01**6** 1**50.00** STREET ACCRESS STREET ADDRESS 2424 W 23RD ST CITY-ST-ZIP PANAMA CITY FL 32405 CITY-ST-ZIP Change Addition VP ☐ Defete TITLE NAME WILKES, ROBIN NAMS STREET ADDRESS STREET ADDRESS 2603 N WINDSOR CITY-ST-ZIP CITY-ST-ZiP FORT WALTON BEACH FL 32547 □ Defete ☐ Change Anjeine TITLE NAME NAME SMALLEY, DEBRA STREET ADDRESS STREET ADDRESS 2424 W 23RD ST CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32405 Change A A A COLO ☐ Delete TiTLE T)7) F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZTP CITY-ST-ZIP [7] Change S Admit TITLE ☐ Delete T)7) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-Zip □ Acti ☐ Change Desete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction of the corporation of the receiver or further execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of the property of the pro

with all other like empowered.

if changed, or on an

SIGNATURE:

FILED

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