

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Sep 11, 2007 8:00 am
Secretary of State

09-11-2007 90005 043 ***150.00

DOCUMENT # P00000067444

1. Entity Name
ROBIN'S BIKES & FITNESS, INC.



Principal Place of Business
**11275 W. EMERALD COAST PKWY, STE. 6
MARIMAR BEACH, FL 32550**

Mailing Address
**11275 W. EMERALD COAST PKWY, STE. 6
MARIMAR BEACH, FL 32550**

40132008

2. Principal Place of Business - No P.O. Box #
11166 Emerald Coast Pky

3. Mailing Address
11166 Emerald Coast Pky

Suite, Apt. #, etc.



09102007 Chg-P CR2E034 (12/06)

City & State
Miramar Bch, FL

City & State
Miramar Bch, FL

Zip
32550

Country
USA

Zip
32550

Country
USA

4. FEI Number
59-3655011

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILKES, ROBIN
11275 W. EMERALD COAST PKWY, STE. 6
MARIMAR BEACH, FL 32550

7. Name and Address of New Registered Agent

Name
Wilkes, Robin

Street Address (P.O. Box Number is Not Acceptable)
11166 Emerald Coast Pky

City
Destin

FL Zip Code
32550

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 **Robin Wilkes** DATE **Sept. 10 2007**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMALLEY, DALLAS W JR 2424 W 23RD ST PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Rob T Wilkes, Robin 11166 Emerald Coast Pky Destin, FL 32550	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILKES, ROBIN 2603 N WINDSOR FORT WALTON BEACH, FL 32547	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Amy Yanora VP 331 Oleander Ave Destin, FL 32541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SMALLEY, DEBRA 2424 W 23RD ST PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Becky Loeffler 305 Stahlman Avenue Destin, FL 32541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Robin Wilkes** Date **Sept. 10 2007** (850) 269-2453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR