

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000082210 1. Entity Name ROBLIN MANAGEMENT, INC.	
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Principal Place of Business 6609 JENNIFER DR. TEMPLE TERR., FL 33617	Mailing Address 6609 JENNIFER DR. TEMPLE TERR., FL 33617
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DO NOT WRITE IN THIS SPACE

01062008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3667323	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROPIZA, LINDA 6609 JENNIFER DR TEMPLE TERRACE, FL 33617

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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 _____ (NOTE: Registered Agent signature required when reconstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROPIZA, LINDA 6609 JENNIFER DR. TEMPLE TERR., FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROPIZA, ROBERT 6609 JENNIFER DR. TEMPLE TERR., FL 33617
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01/09/08-80038-017 150.00

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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: Linda Ropiza **Linda Ropiza** 1-5-08 263-2627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #