2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000011224

1. Entity Name
ROBIN'S NEST EGG, INC.

Principal Place of Business	Mailing Address
10086 CANOE BROOK CIR. BOCA RATON, FL 33498	10086 CANOE BROOK CIR. BOCA RATON, FL 33498

DO NOT WRITE IN THIS SPACE

04252005   No Chg-P   CR2E034 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALBERTINE, MICHAEL O ESQ.
2200 W. COMMERCIAL BLVD., SUITE 301
FT. LAUDERDALE, FL 33309

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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_____ DATE _____
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
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

TITLE	D
NAME	LONGWORTH, PERCIVAL L III
STREET ADDRESS	10086 CANOE BROOK CIR.
CITY-ST-ZIP	BOCA RATON, FL 33498

TITLE	D
NAME	LONGWORTH, GAIL
STREET ADDRESS	10086 CANOE BROOK CIR.
CITY-ST-ZIP	BOCA RATON, FL 33498

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/05-80079-004 150.00

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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: _____ GAIL LONGWORTH _____ 4/24/05 _____ 561-473-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #