

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000033997

Entity Name: ROB'S REFINISHING, INC.

FILED  
Apr 29, 2007  
Secretary of State

## Current Principal Place of Business:

5017 MULDOON CIR.  
PENSACOLA, FL 32526

## New Principal Place of Business:

## Current Mailing Address:

5017 MULDOON CIR.  
PENSACOLA, FL 32526

## New Mailing Address:

FEI Number: 59-3709901

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NABORS, ROBERT T PRES  
5017 MULDOON CIR.  
PENSACOLA, FL 32526 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: NABORS, ROBERT T  
Address: 5017 MULDOON CIR.  
City-St-Zip: PENSACOLA, FL 32526

Title: V ( ) Delete  
Name: LEWIS, SAM  
Address: 309 CECELIA DR  
City-St-Zip: FT. WALTON, FL 32548

Title: V ( ) Delete  
Name: MEYERS, TIM  
Address: 6201 D FOREST PINE DR  
City-St-Zip: PENSACOLA, FL 32526

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V P (X) Change ( ) Addition  
Name: LEWIS, SAM  
Address: 309 CECELIA DR  
City-St-Zip: FT. WALTON, FL 32548

Title: V P (X) Change ( ) Addition  
Name: MEYERS, TIM  
Address: 6201 D FOREST PINE DR  
City-St-Zip: PENSACOLA, FL 32526

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT NABORS

PRES

04/29/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date