2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000039486

Address:

City-St-Zip:

P.O. BOX 1520

BUNNELL, FL 32110

FILED Apr 03, 2003 Secretary of State

Entity Name: ANN ROBBINS INVESTMENTS, INC	
Current Principal Place of Business:	New Principal Place of Business:
P.O. BOX 1520 BUNNELL, FL 32110	102 PALM COAST PKWY PALM COAST, FL 32137
Current Mailing Address:	New Mailing Address:
P.O. BOX 1520 BUNNELL, FL 32110	102 PALM COAST PKWY PALM COAST, FL 32137
FEI Number: 59-3711536 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
DONALD W. DUNCAN, P.A. 21 OLD KINGS ROAD N. PALM COAST, FL 32137 US	
The above named entity submits this statement for thin the State of Florida.	ne purpose of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered	Agent Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: D () Delete	Title: D (X) Change () Addition

ROBBINS, ANN ROBBINS, ANN Name: Name: P.O. BOX 1520 Address: Address:

102 PALM COAST PKWY City-St-Zip: BUNNELL, FL 32110 City-St-Zip: PALM COAST, FL 32137

Title: () Delete Title: (X) Change () Addition ROBBINS, JONATHON ROBBINS, JONATHON Name: Name:

Address: P.O. BOX 1520 Address: 102 PALM COAST PKWY BUNNELL, FL 32110 PALM COAST, FL 32137 City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition () Delete Name: PATTERSON, WILLIAM

Name: PATTERSON, WILLIAM Address: 102 PALM COAST PKWY City-St-Zip: PALM COAST, FL 32137

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JONATHON ROBBINS D 04/03/2003