

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000116794

1. Entity Name
B & T ROBBINS CORPORATION



Principal Place of Business
442 S DIXIE HWY.
HOLLYWOOD, FL 33020

Mailing Address
9101 N.W. 32ND STREET
CORAL SPRINGS, FL 33065

FILED
May 09, 2005 08:00 AM
Secretary of State



04182005 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-1159549

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROBBINS, TRACY
9101 N.W. 32ND STREET
CORAL SPRINGS, FL 33065

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	ROBBINS, TRACY
STREET ADDRESS	422 S DIXIE HWY.
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	D
NAME	ROBBINS, WILLIAM H
STREET ADDRESS	305 WEST 11TH AVENUE
CITY-ST-ZIP	GASTONIA, NC 28052
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/09/05-80028-021 150.00

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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)(f), 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:

Tracy Robbins TRACY ROBBINS 4/18/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #