


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90580 011 ***150.00

DOCUMENT # P02000003662	
1. Entity Name VICTORIA ROBINSON, INC.	

Principal Place of Business 1313 ALHAMBRA DR APOLLO BEACH, FL 33572	Mailing Address 1313 ALHAMBRA DR APOLLO BEACH, FL 33572
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20037093

2. Principal Place of Business 1405 BAYSHORE BLVD	3. Mailing Address 1405 BAYSHORE BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01112005 Chg-P CR2E034 (10/03)

City & State TAMPA, FL	City & State TAMPA, FL
Zip 33606-3001	Country USA
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4. FEI Number 26-0021378	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	7. Name and Address of New Registered Agent Name VICTORIA ROBINSON Street Address (P.O. Box Number is Not Acceptable) 1405 BAYSHORE BLVD City TAMPA, FL Zip Code 33606
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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 ☒ 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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:  **813-390-3955**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #