


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000132272		
1. Entity Name ROBLYN ENTERPRISES, INC.		

Principal Place of Business 12345 MACAW DR JACKSONVILLE FL 32223	Mailing Address 12345 MACAW DR JACKSONVILLE FL 32223
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number **36-4517181** Applied For ☐ Not Applied

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

6. Name and Address of Current Registered Agent

**ESTY, JR, F. ROBERT PRES
12345 MACAW DR
JACKSONVILLE FL 32223**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<p>TITLE P <input type="checkbox"/> Delete</p> <p>NAME ESTY, JR, F. ROBERT PRES</p> <p>STREET ADDRESS 12345 MACAW DR</p> <p>CITY-ST-ZIP JACKSONVILLE FL 32223</p>		<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add</p> <p>NAME 000000491510</p> <p>STREET ADDRESS 04/19/06-80025-007 150.00</p> <p>CITY-ST-ZIP</p>	
<p>TITLE VP <input type="checkbox"/> Delete</p> <p>NAME ESTY, LYNN VP</p> <p>STREET ADDRESS 12345 MACAW DR</p> <p>CITY-ST-ZIP JACKSONVILLE FL 32223</p>		<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>	
<p>TITLE <input type="checkbox"/> Delete</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>		<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>	
<p>TITLE <input type="checkbox"/> Delete</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>		<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>	
<p>TITLE <input type="checkbox"/> Delete</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>		<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>	
<p>TITLE <input type="checkbox"/> Delete</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>		<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *[Signature]* **4/13/06 904-509-3877**