


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90004 008 ***150.00

| | | | |
|---|---|--|--|
| DOCUMENT # P03000051547 1. Entity Name ROBLYN, INC. | |  | |
| Principal Place of Business 10310 LAKE LOUISA ROAD CLERMONT, FL 34711 | | Mailing Address 10310 LAKE LOUISA ROAD CLERMONT, FL 34711 | |
| 2. Principal Place of Business 11124 Haskell Dr. Suite, Apt. #, etc. | | 3. Mailing Address 11124 Haskell Dr Suite, Apt. #, etc. | |
| City & State Clermont FL Zip Country 34711 Lake | | City & State Clermont FL Zip Country 34711 Lake | |
| 4. FEI Number 65-1196517 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent READING, ALECIA A 907 WEST EMMETT STREET KISSIMMEE, FL 34741 | | 7. Name and Address of New Registered Agent Name Robin Stine Street Address (P.O. Box Number is Not Acceptable) 11124 Haskell Dr City Clermont FL Zip Code 34711 | |
| 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 x Robin Stine 4/9/04 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROGERS, LYNETTE 10310 LAKE LOUISA ROAD CLERMONT, FL 34711 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D, VP Rogers, Lynette 11124 Haskell Dr Clermont, FL 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STINE, ROBIN 10310 LAKE LOUISA ROAD CLERMONT, FL 34711 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D, P, ST Stine, Robin 11124 Haskell Dr Clermont FL 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: x Robin Stine Pres. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date 4/9/04 <small>Date</small> | |

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04082004 Chg-P CR2E034 (10/03)