2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 24, 2004 8:00 am
Secretary of State
05-06-2004 90171 023 ***150.00

DOCUMENT # P03000060108

1. Entity Name
TIM A. ROBBINS, JR., INC.

66428947

Principal Place of Business	Mailing Address
5086 GALLIVER CUTOFF BAKER, FL 32531	5086 GALLIVER CUTOFF BAKER, FL 32531

05012004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1462 McCauley Rd Suite, Apt. #, etc.	P.O. BOX 721 Suite, Apt. #, etc.
City & State: Baker, FL	City & State: Baker, FL
Zip: 32531 Country:	Zip: 32531 Country:

4. FEI Number 59-3658094 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBBINS, TIMOTHY A 5086 GALLIVER CUTOFF BAKER, FL 32531	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROBBINS, TIMOTHY A 5086 GALLIVER CUTOFF BAKER, FL 32531	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD ROBBINS, JENNIFER L 5086 GALLIVER CUTOFF BAKER, FL 32531	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PAULK, HAROLD D P. O. BOX 191 MARY ESTHER, FL 32569	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Michael S. Wilkie FOR TIMOTHY A. ROBBINS 4/30/04 (850) 682-4357
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #