

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000063980

FILED
Jan 05, 2004
Secretary of State

Entity Name: ROBYN STORY DESIGNS, INC.

Current Principal Place of Business:

9249 LAZY LANE BLVD E
TAMPA, FL 336142302

New Principal Place of Business:

9249 LAZY LANE
BUILDING E
TAMPA, FL 336142302

Current Mailing Address:

9249 LAZY LANE BLVD E
TAMPA, FL 336142302

New Mailing Address:

9249 LAZY LANE
BUILDING E
TAMPA, FL 336142302

FEI Number: 16-1672895

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHECHT, NEIL S
3630 W KENNEDY BLVD
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STORY, STEPHEN
Address: 16409 AVILA BLVD
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: STORY, ROBYN
Address: 16409 AVILA BLVD
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN STORY

D

01/05/2004

Electronic Signature of Signing Officer or Director

_____ Date