



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90497 009 ***150.00

DOCUMENT # P03000125658 1. Entity Name BRENDA D ROBINSON INC.					
Principal Place of Business 464 SELTON AVE. SPRING HILL, FL 34606 US				Mailing Address 464 SELTON AVE. SPRING HILL, FL 34606 US	
2. Principal Place of Business 1046 EMBASSY AVE Suite, Apt. #, etc.		3. Mailing Address 1046 EMBASSY AVE. Suite, Apt. #, etc.			
City & State SPRINGHILL FLORIDA		City & State SPRINGHILL, FLORIDA		4. FEI Number 06-1721022	
Zip 34606		Country HERNANDO		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBINSON, BRENDA D 464 SELTON AVE SPRING HILL, FL 34606		7. Name and Address of New Registered Agent Name BRENDA D. ROBINSON INC. Street Address (P.O. Box Number is Not Acceptable) 1046 EMBASSY AVE. City SPRINGHILL FL Zip Code 34606			
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 <u><i>Brenda D Robinson</i></u> 4/29/05 <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, 2005 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	P ROBINSON, BRENDA D 464 SELTON AVE. SPRING HILL, FL 34606		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRENDA D. ROBINSON INC. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1046 EMBASSY AVE SPRINGHILL FL. 34606	
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	
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	
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	
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	
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: <u><i>Brenda D Robinson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/29/05 352/398-3101 <small>Date Day/Phone #</small>		