

FILED
Mar 03, 2005 8:00 am
Secretary of State

01-26-2005 90020 020 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000008835			
1. Entity Name ERIC ROBBINS PAINTING INC.			
Principal Place of Business 5453 WELLS AVENUE NOCATEE, FL 34268		Mailing Address 2824 PLACIDA ROAD ENCLEWOOD, FL 34224	
2. Principal Place of Business		3. Mailing Address P.O. Box 1311	
Suite, Apt. #, etc.		Suite, Apt. #, etc. NOCATEE, FL 34268	
City & State		City & State NOCATEE, FL 34268	
Zip	Country	Zip	Country
34268		34268	Desoto
4. FEI Number 20-0400573		Applied For Not Applicable	
5. Certificate of Status Desired ☐		S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBBINS, ERIC 5453 WELLS AVENUE NOCATEE, FL 34268		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: <i>Eric Robbins</i> DATE: 1-24-05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-electing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 ROBBINS, ERIC 5453 WELLS AVENUE NOCATEE, FL 34268 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Eric Robbins</i>		1-24-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	