

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
May 03, 2006 08:00 AM  
Secretary of State

DOCUMENT # P04000049855  
1. Entity Name  
LINDA ROBBINS ENTERPRISES, INC.



Principal Place of Business: 997 SUMMER LAKES DR. ORLANDO, FL 32835  
Mailing Address: 997 SUMMER LAKES DR. ORLANDO, FL 32835



04262006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 03-0539605 Applied for: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBBINS, LINDA R  
997 SUMMER LAKES DR.  
ORLANDO, FL 32835

**DO NOT WRITE IN THIS SPACE**

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, 2006 Fee will be \$550.00**

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

U00000559777  
05/18/06-80014-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROBBINS, LINDA R
STREET ADDRESS	997 SUMMER LAKES DR.
CITY - ST - ZIP	ORLANDO, FL 32835
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Linda Robbins  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/06 4074934884  
Date Daytime Phone #