

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000063453

Entity Name: ROBCO ENTERPRISES, INC

FILED  
Apr 21, 2005  
Secretary of State

## Current Principal Place of Business:

4145 LYNN ORA DRIVE  
PENSACOLA, FL 32504 US

## New Principal Place of Business:

34 W MAIN ST,  
STE 400  
NEWARK, DE 19702 US

## Current Mailing Address:

4145 LYNN ORA DRIVE  
PENSACOLA, FL 32504 US

## New Mailing Address:

34 W MAIN ST.  
STE 400  
NEWARK, DE 19702 US

FEI Number: 20-1028941

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SOKOL, ROBERT  
4145 LYNN ORA DRIVE  
PENSACOLA, FL 32504 US

## Name and Address of New Registered Agent:

SOKOL, ARNOLD  
3212 GULFGATE DR  
SARASOTA, FL 34231 US

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: ARNOLD SOKOL

04/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: SOKOL, ROBERT  
Address: 4145 LYNN ORA DRIVE  
City-St-Zip: PENSACOLA, FL 32504 US

Title: DVPS ( ) Delete  
Name: SOKOL, KIMBERLY  
Address: 4145 LYNN ORA DRIVE  
City-St-Zip: PENSACOLA, FL 32504 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition  
Name: SOKOL, ROBERT  
Address: 34 W MAIN ST, STE 400  
City-St-Zip: NEWARK, DE 19702 US

Title: DVPS (X) Change ( ) Addition  
Name: SOKOL, KIMBERLY  
Address: 34 W MAIN ST., STE 400  
City-St-Zip: NEWARK, DE 19702 US

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: ROBERT SOKOL

PRES

04/21/2005

Electronic Signature of Signing Officer or Director

Date