## **2007 FOR PROFIT CORPORATION**

## **FILED** Apr 04, 2007 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P05000000787 1. Entity Name ROBIN SHROCK, INC. Principal Place of Business Mailing Address 5805 HOUCHIN ST. 5805 HOUCHIN ST. NAPLES, FL 34109 NAPLES, FL 34109 03202007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2097438 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHROCK, ROBIN DO NOT WRITE 5805 HOUCHIN ST. NAPLES, FL 34109 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fues 10, OFFICERS AND DIRECTORS Р/Τ TOLE NAME SHROCK, ROBIN STREET ADDRESS 5805 HOUCHIN STREET CITY-ST-ZIP NAPLES, FL 34109 TITLE VP/S SHROCK, DENISE NAME STREET ADDRESS 5805 HOUCHIN STREET CITY-ST-ZIP NAPLES, FL 34109 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filling 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 attachme

**SIGNATURE:** 

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR