2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2006 8:00 am Secretary of State

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DOCUMENT # P05000097775 1. Entity Name ROBIN INGLE, INC.						04-27-2006	-		
Principal Plac	ce of Business	Mailing Address			7.11	የተለሰረብ			
		*	DIV DD		4.6	0010~=			
	UCERNE PARK RD.	4600 OLD LUCERNE PA	AKK KD.						
WINTER HAV	'EN, FL 33881	UNIT #2			1				
-		WINTER HAVEN, FL 33	881						
2. Principal F	lace of Business	3. Mailing Address							
- HOME		4 n94 hx	4094 WAKE MASIANNA DR.			R 8 8 9 1 1 1 1 1 1 1 1 1			
Suite, Apt.	# oto	Suite Ant # ata	1-1 Ha 1 W	NA 9 F.	-				
· Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			04112006	Chg-P	CR2E034	1 (11/05)	
City & Stat	te, dans d	City & State		- /	4. FEL Number		2-177	Ap	oplied For
พาม	ter HAVEN FL	WINTER HA	Avras t	-2	20	-3137	1068	N	ot Applicable
-Zip	Country	Zip - Saal	Country			<u> </u>			
_33	QQ1 SSSSSS	3388/	oodina y		5. Certificate	of Status Desired,		8.75 Add	ditional
00	001	200			L	VCS		e Require	·a
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New I	Registered Ag	ent	
-			- Nan	ne Pak	in Tons	<i>(</i>)			
INGLE, RO	DBIN		`	<u> 11()0</u>	W My	c /			
3009 OLD	LUCERNE PARK RD.		Stre	et Address (P.O. Box Number	r is Not Acceptabl	le)		
	HAVEN, FL 33881		_ <i>90</i>	79 JAK	g MATIAN	DUA DR.			
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			City	1. 1. 1	- 11-	7,		Zip Cod	e •
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8. The above	named entity submits this statement for	the purpose of changing its	registered offic	e or register	red agent, or bot	h, in the State of Fl	lorida. Lam far	niliar with	and accept
the obligat	tions of registered agent.							***********	and adoopt
	Walter	//							
SIGNATURE.	NOWN (). WA	arko							
	Signature, typed or printed name of registered agent a	title if applicable. (NOTE	: Registered Agent s	ignature required	when reinstating)		DATE		
									
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2. 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 a paddrass, with all other like en powered.

SIGNATURE:

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GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF TIREC

Date

Daytime Phone #