

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-27-2006 90198 010 \*\*\*158.75

<b>DOCUMENT # P05000097775</b> 1. Entity Name <b>ROBIN INGLE, INC.</b>			
Principal Place of Business <b>3009 OLD LUCERNE PARK RD. WINTER HAVEN, FL 33881</b>		Mailing Address <b>4600 OLD LUCERNE PARK RD. UNIT #2 WINTER HAVEN, FL 33881</b>	
2. Principal Place of Business <b>HOME</b>		3. Mailing Address <b>4094 LAKE MARICANDIA DR.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Winter Haven FL</b>		City & State <b>Winter Haven, FL</b>	
Zip <b>33881</b>		Zip <b>33881</b>	
Country 		Country 	
4. FEL Number <b>20-3137068</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <b>Yes</b>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>INGLE, ROBIN 3009 OLD LUCERNE PARK RD. WINTER HAVEN, FL 33881</b>		7. Name and Address of New Registered Agent Name <b>Robin Ingle I</b> Street Address (P.O. Box Number is Not Acceptable) <b>4094 LAKE MARICANDIA DR.</b> City <b>Winter Haven FL</b> Zip Code <b>33881</b>	
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 <u><i>Robin D. Ingle</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P INGLE, ROBIN 3009 OLD LUCERNE PARK RD. WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Robin D. Ingle</i></u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date		Daytime Phone #	

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